Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620	-2501				2004- 2005 Il Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity
High School or K-12 Di	strict Responsit	le for Reimbu	sing the Cont	ract		County		Legal Entity
Billings H S						Yellowstone		0966
Is this contract share □ yes □ no	ed between el	ementary an	d high schoo	ol?				
Are you applying for (If yes, please attack	n explanation)				Stude	ent Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	estances of isola lual circumstance the county trans	tion of residen ses must be resportation com	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Stude	ent Name	School	Grade
Check here only if incre District Trustees and th		portation Com	mittee.	proved by the	Stude	ent Name	School	Grade
Elem District Approval		no	tials 		Stude	ent Name	School	Grade
	□ yes	□ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 t Semester Only	□ 2nd Semester Onl	y Both Semesters
Delilah Brown						indergarten/Kinder		
Physical Address (s	treet address	only):			□ 1s	t Semester Only	□ 2nd Semester Onl	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Lea	HS 0 to nearest but HS 6.4 ne-way only	s stop, if any	(one way)	is contract.	Kind by th To or To or Kind To or To or	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines:	times per day, times	days per week days per week days per week col-age students: days per week days per week days per week
	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLEI files.	RKS: Send original	to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans							IDENTS: Send origina	al to OPI by July 10, retain a
·					сору	for your files.		ATE
Room & Board Correspondence							IMBURSEMENT Rarict, county and OPI	
Reg. Contingency						Reimbi	ursement rate is deterr	 mined by
Spec. Ed. Contin.							20-10-142, MCA.	
insured driver will to 2. In March and June, transported for the 3. The payment shall	rs: Insport or provide to an apport the studer the District shall past semester. The computed on the computed on the apport is a semester.	ransportation for nts. Mileage contay the parent the basis of the sc	the student(s) to tracts are valid of sum officially a	o and from the school only when transportati pproved in the applica- ned in Section 20-10-1	fter referred or bus stop on t on for the distan ation upon certifi	ce reported on the contract	session. The parent or guard at actually occurs. incipal of the school of the nu	dian assures that a licensed and imber of days the student(s) was
Elementary School I			rd of Truste				-	Date
High School District Billings H S		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information i	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 5962	0-2501		chool Year 2004- 2005 to School Clerk June 1		
Elementary District Responsible for R	teimbursing the Contract		County	<u> </u>	Legal Entity
High School or K-12 District Respons	ible for Reimbursing the Con	tract	County		Legal Entity
Billings H S			Yellowstone		0966
Is this contract shared between € □ yes □ no	elementary and high scho	ool?			
Are you applying for isolation sta (If yes, please attach explanation	1)		Student Name	School	Grade
ISOLATION: Section 20-10-142, MC rates for special circumstances of isol increased rates, individual circumstantrustees of the district, the county transpublic Instruction. (10.7.116 ARM pro	lation of residence. In order nces must be reviewed and a nsportation committee, and the	to receive pproved by the	Student Name	School	Grade
Check here only if increased paymen District Trustees and the County Tran	t due to isolation has been a	pproved by the	Student Name	School	Grade
Elem District Approval	Initials		Student Name	School	Grade
HS District Approval ☐ yes County Approval ☐ yes	□ no		THIS CONTRACT IS F	OR:	
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Gayle Whittenberg Physical Address (street address	s only):		Pre-kindergarten/Kinde ☐ 1st Semester Only		ly □ Both Semesters
			KINDERGARTEN/PRE		
Distance from home to nearest s Elementary 0 HS 0 Distance from home to nearest b	•		Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid	times per day, times per day, times per day, les without other scho	age students also covered days per week days per week bol-age students:
Elementary 0 HS 4.6			To or from Bus Stop To or from School	times per day, times per day,	days per week days per week
☐ Contract is for one-way only Students in Each Grade Level - Only include	e the students to be covered by the	nis contract.	Deadlines:		
Pre-K Total	K 1-8 Total Total	9-12 Total	PARENTS: Due to Sci CLERKS: Send origina files.		ly 1, retain a copy for your
Regular Trans				NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.		
Room & Board				EIMBURSEMENT R strict, county and OPI	
Correspondence					
Reg. Contingency Spec. Ed. Contin.			Reimb	oursement rate is determed 20-10-142, MCA.	mined by
Agreement between parent (pare	ent name)		, and school district (dis	trict name)	· · · · · · · · · · · · · · · · · · ·
(county name)		County, hereinafte	er referred to as the District(s).	
			r bus stop on the days when school is		dian assures that a licensed and
In March and June, the District shall transported for the past semester.	pay the parent the sum officially	approved in the applicati	on upon certification by the teacher or 2, MCA, and the information accompar	principal of the school of the nu	umber of days the student(s) was
This contract shall terminate at the elementary School District	chair, Board of Truste	e student(s) is no longer	enrolled in school, whichever occurs fi	rst.	Date
High School District Billings H S	Chair, Board of Truste	ees			Date
	I attes	st that the above in	nformation is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 200 e to School Cle			
Elementary District Re	esponsible for Re	eimbursing the	Contract		Coun	ty	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsi	ole for Reimbu	rsing the Cont	tract	Coun	ty		Legal Entity
Billings H S					Yell	owstone		0966
Is this contract shar	ed between e	ementary an	d high scho	ol?	<u> </u>			
□ yes□ noAre you applying fo	r isolation stat	us? □ Yes	□ No		Ot death		Ochool	Orada
(If yes, please attaction: Section	h explanation)	increased reir	mbursement	Student N	ame	School	Grade
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	o receive oproved by the	Student N	ame	School	Grade
Check here only if incomplistrict Trustees and t	eased payment	due to isolation	n has been ap	pproved by the	Student N	ame	School	Grade
Elem District Approval		□ no	tials		Student N	ame	School	Grade
HS District Approval County Approval		□ no □ no				ITRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1- □ 1st Ser		□ 2nd Semester Only	y Both Semesters
Jill C. Endres Physical Address (s	street address	only):				garten/Kinder nester Only	garten □ 2nd Semester Only	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 4.5 e to nearest but HS 0 ne-way only evel - Only include Pre-K Total	the students to b	r (one way) e covered by th 1-8 Total	9-12 Total	KINDERG Kindergan by this co To or from Cheadlin PARENTS CLERKS: files. COUNTY copy for ye	ARTEN/PREI rten child ride ontract: Bus Stop School rten child ride Bus Stop School es: Due to Sch Send origina SUPERINTEN our files. RE (For dist	times per day,times p	days per week days per week days per week ol-age students: days per week
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude t, the District shall p past semester. be computed on the terminate at the el	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) tracts are valid of esum officially a chedule establishear or when the	o and from the school only when transportation approved in the applicated in Section 20-10-10 student(s) is no longe	er referred to as	s when school is in orted on the contra by the teacher or p	session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
Elementary School		,	ard of Truste					Date
High School District Billings H S	t	Chair, Boa	ard of Truste	es				Date
			l attes	t that the above i	nformation is true	e and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Billings H S					Yellowstone		0966
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attack	n explanation))	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola ual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appointed and the contraction of the contr	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Karen Jones Physical Address (st	root addraga	anh di			Pre-kindergarten/Kinder		
Physical Address (si	reet address	only):			☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Le	HS 0 to nearest bu HS 3.4 ne-way only	us stop, if any the students to b	/ (one way) le covered by th	9-12	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch	times per day, times per day, times per day, es without other scholling times per day, times per day, times per day, tool Clerk June 1.	days per week days per week days per week ol-age students: days per week days per week days per week days per week
	Total	Total	Total	Total	CLERKS: Send origina files.	I to County Supt by July	/ 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTEN copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						EIMBURSEMENT RA	ATE
Correspondence					(For dist	rict, county and OPI	use only)
Reg. Contingency					Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.						20 10 112, 111071.	
A cure consent in a house on		1				wint manna)	
Agreement between	parent (parei	nt name)		Carrater banainas	, and school district (dist	,	······································
insured driver will tr 2. In March and June, transported for the 3. The payment shall	nsport or provide to ansport the studer the District shall p past semester. be computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the school only when transportati approved in the applicated in Section 20-10-	fter referred to as the District(s) for bus stop on the days when school is in ion for the distance reported on the contra atton upon certification by the teacher or p 142, MCA, and the information accompan	n session. The parent or guardict actually occurs. rincipal of the school of the nur ying this contract.	
4. This contract shall the Elementary School I			ear or when the ard of Truste		er enrolled in school, whichever occurs fire	st.	Date
High School District Billings H S		Chair, Boa	ard of Truste	es			Date
352			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 2025 Helena, MT	501		School Year 2004- 2005 Oue to School Clerk June 1		
Elementary District Responsible	for Reimbursing the Co	ntract	County	·	Legal Entity
High School or K-12 District Re	sponsible for Reimbursin	g the Contract	County		Legal Entity
Billings H S			Yellowstone		0966
Is this contract shared betw ☐ yes ☐ no	een elementary and h	igh school?			
Are you applying for isolatio (If yes, please attach explar	nation)	□ No	Student Name	School	Grade
ISOLATION: Section 20-10-14 rates for special circumstances increased rates, individual circu trustees of the district, the coun Public Instruction. (10.7.116 AR	of isolation of residence mstances must be review ty transportation commit	In order to receive wed and approved by the ee, and the Office of	Student Name	School	Grade
Check here only if increased pa District Trustees and the County	yment due to isolation ha	as been approved by the	Student Name	School	Grade
Elem District Approval □ yes	Initials □ no		Student Name	School	Grade
HS District Approval ☐ yes County Approval ☐ yes			THIS CONTRACT IS FO	<u>DR:</u>	
Parent or Guardian Name: (Please Print)		Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Liesa Aaby			Pre-kindergarten/Kinder	garten	
Physical Address (street ad	dress only):		☐ 1st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Distance from home to near Elementary 0 HS Distance from home to near Elementary 0 HS 3. Contract is for one-way Students in Each Grade Level - Only	est bus stop, if any (c 9 only include the students to be co		by this contract: To or from Bus Stop To or from School Kindergarten child ride	times per day,times per day,times per day,ses without other school times per day,times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week days per week
Tota		Total Total		I to County Supt by July	/ 1, retain a copy for your
Regular Trans			files.	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.	DENTO. Gend ongmai	Tto Of 1 by July 10, Tetalif a
Room & Board			RE	EIMBURSEMENT RA	
Correspondence Reg.					
Contingency			Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.				,	
Agreement between parent	(narent name)		, and school district (dist	rict name)	
(county name)	(parent name)	County herein	after referred to as the District(s).	,	,
The parties agree as follows: 1. The parent shall transport or insured driver will transport the 2. In March and June, the Districtransported for the past seme	e students. Mileage contract that shall pay the parent the su ster.	student(s) to and from the scho ts are valid only when transports m officially approved in the appli	pol or bus stop on the days when school is in ation for the distance reported on the contral ication upon certification by the teacher or p 0-142, MCA, and the information accompany	n session. The parent or guardi ct actually occurs. rincipal of the school of the nun	
		or when the student(s) is no lon	nger enrolled in school, whichever occurs firs		Date
High School District Billings H S	Chair, Board	of Trustees			Date
Dillings 11 O		I attest that the above	e information is true and correct.		
Signature - Parent or Guardia	n			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

^-			_+	4
Co	m	Гa	CI	7

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Billings Elem						Yellowstone		0965
High School or K-12 Di	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share	ed between el	ementary an	d high scho	ol?				
□ yes□ noAre you applying for	icolation etati	ıc2 □ Voc	□ No					
(If yes, please attack ISOLATION: Section 2	n explanation) 20-10-142, MCA	, provides for	increased reir		Stud	dent Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	lual circumstanc the county trans	es must be re portation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School	Grade
Check here only if incre District Trustees and th		portation Com	mittee.	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval		no	tials		Stud	dent Name	School	Grade
County Approval	□ yes □	no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian	Name: (Please	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
Amy C. Jung Physical Address (s	treet address	only):				-kindergarten/Kinder	garten □ 2nd Semester On	lly □ Both Semesters
,						DERGARTEN/PREM		ny Bour demediere
Distance from home Elementary 5.7	to nearest sc HS 0	hool (one wa	ay)		Kin by t To c	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school- times per day,	age students also covered days per week days per week
Distance from home Elementary 0	to nearest bu HS 0	s stop, if an	y (one way)		Kin To d	dergarten child ride or from Bus Stop	es <u>without</u> other scho times per day,	col-age students: days per week days per week days per week
☐ Contract is for or	ne-way only						times per day,	days per week
Students in Each Grade Le	evel - Only include	the students to b	be covered by thi	is contract.	<u>De</u>	adlines: RENTS: Due to Scho	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total		ERKS: Send original		lly 1, retain a copy for your
Regular Trans							IDENTS: Send origin	al to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.		and of regions, retain a
Room & Board							IMBURSEMENT R	
Correspondence						(, , , , , , ,	,,	, , , ,
Reg. Contingency						Reimbu	ursement rate is deter 20-10-142, MCA.	mined by
Spec. Ed. Contin.								
		, ,						
Agreement between	parent (parer	it name)				d school district (distr	rict name)	,
(county name) The parties agree as follow				•		I to as the District(s).		
insured driver will to	ansport the studer	its. Mileage con	tracts are valid of	only when transportation	on for the dista	nce reported on the contract	ct actually occurs.	rdian assures that a licensed and
transported for the	past semester.		•		•	the information accompany	•	umber of days the student(s) was
	terminate at the en	d of the school y		student(s) is no longe		chool, whichever occurs firs		Date
Billings Elem High School District		,	ard of Truste					Date
riigii ocilooi Distilct		Onall, DU						Date
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Di	ie to School C	Clerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		Co	ounty	I	Legal Entity	
Billings Elem					Y	ellowstone		0965	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conf	tract	Co	ounty		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach			□ No		Student	Name	School		Grade
ISOLATION: Section 2 rates for special circum	20-10-142, MCA	A, provides for	increased reir	mbursement					
increased rates, individ trustees of the district, t	ual circumstand	es must be re	viewed and a	oproved by the	Student	Name	School		Grade
Public Instruction. (10.7				e Office of	Chidon	Nama	Cahaal		Orada
Check here only if incre District Trustees and th				proved by the	Student	name	School		Grade
Elem District Approval	□ yes	In □ no	itials		Student	Name	School		Grade
HS District Approval County Approval		□ no □ no			THIS C	ONTRACT IS FO	DR:		
Parent or Guardian I	Name: (Pleas	e Print)			Grades □ 1st S	1-12 Semester Only	☐ 2nd Semester Only	v 🛛 Both Se	mesters
Beth Morris						dergarten/Kinder	•	,	
Physical Address (st	reet address	only):					2nd Semester Only	y 🛛 Both Se	mesters
							KINDERGARTEN:		
Distance from home	to nearest so	hool (one wa	ay)			garten child ride contract:	es <u>with</u> other school-a	age students a	Iso covered
Elementary 5.1	HS 0				To or fro	om Bus Stop	times per day, _	day	s per week
Distance from home Elementary 5	to nearest bu	ıs stop, if an	y (one way)		Kinderg To or fro	garten child ride om Bus Stop	times per day, _ es <u>without</u> other scho	ol-age studen day	ts: s per week
□ Contract is for or	ne-way only				To or fro	om School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	<u>Deadl</u>		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK		I to County Supt by July	y 1, retain a co	oy for your
Regular Trans					files.				
Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	ıl to OPI by Jul	/ 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_		<u> </u>	
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parer	nt name)			, and sc	hool district (dist	rict name)		,
(county name) The parties agree as follow	rs:			County, hereinat	fter referred to a	as the District(s).			
The parent shall trainsured driver will trainsured driver will trainsured.	nsport or provide to ansport the studer	nts. Mileage cor	ntracts are valid of	only when transportati	on for the distance r	eported on the contra	session. The parent or guard ct actually occurs.		
transported for the	past semester.					on by the teacher or p	rincipal of the school of the nur	mber of days the stu	ident(s) was
	erminate at the er	d of the school		student(s) is no longe		, whichever occurs firs		Date	
Billings Elem	2.00100	,							
High School District		Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above	information is t	rue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620)-2501	Due to	o School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity
Billings Elem			Yellowstone		0965
High School or K-12 District Responsit	ole for Reimbursing the Cont	tract	County		Legal Entity
Is this contract shared between el □ yes □ no	ementary and high school	ol?			
Are you applying for isolation state			Student Name	School	Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA) A, provides for increased reir	mbursement	Student Name	CONTOOL	Grade
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM proving the county transpublic Instruction.)	ation of residence. In order to be must be reviewed and appropriation committee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	pproved by the	Student Name	School	Grade
Elem District Approval □ yes	Initials □ no □ no		Student Name	School	Grade
County Approval	□ no		THIS CONTRACT IS FOR Grades 1-12	<u>₹:</u>	
Parent or Guardian Name: (Pleas	e Print)			□ 2nd Semester Only	☐ Both Semesters
Dawn Ness Physical Address (street address	only):		Pre-kindergarten/Kinderga		□ Both Semesters
Distance from home to nearest so Elementary 8.1 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	the students to be covered by the Total Total	9-12 Total	KINDERGARTEN/PREKI Kindergarten child rides by this contract: To or from Bus Stop To or from Bus Stop To or from Bus Stop To or from School Deadlines: PARENTS: Due to School CLERKS: Send original tiles. COUNTY SUPERINTENE copy for your files. REI (For distri	imbergarten: with other school-ag times per day, t	days per week 1, retain a copy for your to OPI by July 10, retain a TE use only) ined by
insured driver will transport the stude 2. In March and June, the District shall ptransported for the past semester. 3. The payment shall be computed on the This contract shall terminate at the erellementary School District Billings Elem	transportation for the student(s) to the student (s) the stude	County, hereinafter is an afternation of the school or bushly when transportation for approved in the application need in Section 20-10-142, student(s) is no longer enters	, and school district (district referred to as the District(s). us stop on the days when school is in sor the distance reported on the contract upon certification by the teacher or print MCA, and the information accompanying rolled in school, whichever occurs first.	ession. The parent or guardia actually occurs. action of the school of the num	an assures that a licensed and
High School District	Chair, Board of Truste	es			Date
	I attes	t that the above info	rmation is true and correct.		ı
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	ontract			County	<u> </u>	Legal Entity
Billings Elem						Yellowstone		0965
High School or K-12 D	istrict Responsit	le for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residence es must be revieus portation comm	e. In order to ewed and ap ittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia no no	als		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
Diane L. Cantor		I. A.				-kindergarten/Kinder		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester On	ly Doth Semesters
Distance from home Elementary 7.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA (For dist	times per day,	days per week da
Agraement between	narent (pere	et name)			one	d appeal district (distr	iot nama)	
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th	ransportation for the state. Mileage contral the same basis of the schelage transfer in the sche	ne student(s) to acts are valid o sum officially a	o and from the school only when transportatic pproved in the applica and in Section 20-10-1	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	nce reported on the contract	session. The parent or guar at actually occurs. incipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was
Elementary School		Chair, Board			, zou ii/ ot	,		Date
Billings Elem High School District		Chair, Board	d of Truste	es				Date
			I attest	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Billings Elem						Yellowstone		0965
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Cont	ract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary and	d high schoo	ol?				
Are you applying for (If yes, please attack	h explanation)		□ No		Stud	dent Name	School	Grade
rates for special circum increased rates, individurustees of the district, Public Instruction. (10.)	nstances of isola dual circumstance the county trans	tion of residences must be revenued.	ce. In order to riewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes □	Init □ no			Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
Elaine Lucero Physical Address (s	troot addroop	only);				-kindergarten/Kinder		
Friysical Address (s	lieet address	oriiy).			□ 1	st Semester Only	□ 2nd Semester On	ly Doth Semesters
Distance from home Elementary 4.3 Distance from home Elementary 0 Contract is for or Students in Each Grade Leaders	HS 0 e to nearest bu HS 0 ne-way only	ıs stop, if any	(one way)	s contract.	Kind by the Took Kind Took Took	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day,	days per week days per week days per week col-age students: days per week days per week days per week
	Total	Total	Total	Total	CLE files		to County Supt by Ju	ly 1, retain a copy for your
Regular Trans					COI	UNTY SUPERINTEN	IDENTS: Send origin	al to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.		
Room & Board							IMBURSEMENT Rrict, county and OP	
Correspondence						(i oi dist	not, county and or	r dac orny)
Reg. Contingency						Reimb	ursement rate is deter	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
		1						.
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)	
(county name)				County, hereinaf	ter referred	to as the District(s).		
	ansport or provide t					the days when school is in		dian assures that a licensed and
In March and June, transported for the	, the District shall p past semester.	ay the parent the	sum officially a	pproved in the applica	ation upon certi	ification by the teacher or pr	rincipal of the school of the no	umber of days the student(s) was
 This contract shall 	terminate at the en	d of the school ye	ear or when the	student(s) is no longe		the information accompany chool, whichever occurs firs		
Elementary School Billings Elem	District	Chair, Boar	rd of Truste	es				Date
High School District		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to School C	erk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		Cou	ınty	<u> </u>	Legal Entity
Billings Elem					Ye	llowstone		0965
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract	Cou			Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?				
Are you applying for			□ No		Student I	Vame	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement				
rates for special circum increased rates, individ trustees of the district, 1 Public Instruction. (10.7	ual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Student I	Name	School	Grade
Check here only if incre	·	J	,	proved by the	Student	Name	School	Grade
District Trustees and th	e County Trans	portation Com In			Student	Name	School	Grade
Elem District Approval HS District Approval		□ no □ no						Clade
		□ no			THIS CO Grades 1	NTRACT IS FO	<u>DR:</u>	
Parent or Guardian I	Name: (Pleas	e Print)				emester Only	□ 2nd Semester Only	y Both Semesters
Kristin Rapacz						ergarten/Kinder		
Physical Address (st	reet address	only):			□ 1st Se	emester Only	☐ 2nd Semester Only	y Both Semesters
Distance from home Elementary 4.7 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	ıs stop, if an	y (one way)	s contract. 9-12 Total	Kinderg. by this of To or fro To or fro Kinderg. To or fro Clerks files.	arten child ride contract: m Bus Stop m School arten child ride m Bus Stop m School m School contract: m Bus Stop m School contract m Bus Stop m School contract m School cont	times per day,times per day,times per day,tes without other schotimes per day,times per day,times per day,tool Clerk June 1.	days per week y 1, retain a copy for your lito OPI by July 10, retain a ATE use only)
insured driver will tr 2. In March and June, transported for the payment shall l	s: nsport or provide t ansport the studer the District shall p past semester. pe computed on the erminate at the en	rransportation for this. Mileage cor you the parent the the basis of the sy do of the school	r the student(s) to tracts are valid of e sum officially a chedule establish	only when transportati pproved in the applica ned in Section 20-10-1 student(s) is no longe	or bus stop on the da on for the distance re ation upon certification	s the District(s). ays when school is in ported on the contra in by the teacher or pormation accompany	session. The parent or guard ct actually occurs. rincipal of the school of the nui	ian assures that a licensed and mber of days the student(s) was
Billings Elem		,						
High School District		Chair, Boa	ard of Truste					Date
			l attes	t that the above	information is tru	ue and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Dι	ie to School Clerk June	e 1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
Billings Elem					Yellowsto	ne	0965
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract	County	nic .	Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	<u> </u>		
Are you applying for	r isolation stat	us? □ Yes	□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section	h explanation)	nrovides for	increased rein	nbursement	Student Name	School	Orace
rates for special circun increased rates, individ	nstances of isola	ation of resider	nce. In order to	o receive	Student Name	School	Grade
trustees of the district,	the county trans	sportation com	mittee, and the				
Public Instruction. (10.	·	, ,	ŕ		Student Name	School	Grade
Check here only if incr District Trustees and the				proved by the			
Elem District Approval	□ yes	ln □ no	itials		Student Name	School	Grade
HS District Approval County Approval	,	□ no □ no			THIS CONTRACT	IS FOR:	
Parent or Guardian					Grades 1-12		u
Lana Gar					☐ 1st Semester C	Only 2nd Semester Onl	y ☐ Both Semesters
Physical Address (s	treet address	only):			Pre-kindergarten/l	Kindergarten Only □ 2nd Semester Onl	v □ Roth Semesters
,		,				-	y Both Comesters
						<u>//PREKINDERGARTEN</u> : ld rides <u>with</u> other school-a	age students also covered
Distance from home Elementary 3.1	e to nearest so HS 0	thool (one wa	ay)		by this contract:		
•			,		To or from School	op times per day, _ times per day, _	days per week
Distance from home Elementary 0	to nearest bu HS 0	is stop, if an	y (one way)		Kindergarten chi	Id rides without other scho	ol-age students:
□ Contract is for o	no wov only				To or from School	op times per day, _ times per day, _	days per week
Students in Each Grade Lo	, ,	the students to I	ne covered by thi	s contract	Deadlines:		
					PARENTS: Due	to School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send of	original to County Supt by Jul	y 1, retain a copy for your
Regular Trans					files.		
· ·						INTENDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files	•	
Room & Board					(5.	REIMBURSEMENT R	··-
Correspondence					(F0	or district, county and OPI	use only)
Reg.							
Contingency					'	Reimbursement rate is deterr 20-10-142, MCA.	nined by
Spec. Ed. Contin.							
Agreement betweer	n parent (pare	nt name)			, and school distric	ct (district name)	,
(county name)			(County, hereinal	ter referred to as the Dist	rict(s).	
The parties agree as follow		transportation fo		-		nool is in session. The parent or quare	lian assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage cor	ntracts are valid o	nly when transportati	on for the distance reported on th		
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the so	chedule establish	ed in Section 20-10-	42, MCA, and the information ac	companying this contract.	, , , , , , , ,
4. This contract shall Elementary School	terminate at the er	nd of the school	year or when the ard of Truste	student(s) is no longe	er enrolled in school, whichever of	ocurs first.	Date
Billings Elem		,					
High School District		Chair, Boa	ard of Truste	es			Date
			I attest	that the above	information is true and co	rrect.	•
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501			ue to School (
Elementary District Re	sponsible for Re	eimbursing the	Contract		Co	ounty	<u> </u>	Legal Entity
Billings Elem					Y	ellowstone		0965
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract		ounty		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for (If yes, please attac ISOLATION: Section	h explanation)	1	□ No	mburaamant	Student	Name	School	Grade
rates for special circun increased rates, individurustees of the district, Public Instruction. (10.	nstances of isola lual circumstand the county trans	ition of resider ses must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student	Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student	Name	School	Grade
Elem District Approval	□ yes	lni □ no	tials		Student	Name	School	Grade
HS District Approval County Approval		□ no □ no				ONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 Semester Only	□ 2nd Semester On	ly □ Both Semesters
Lowell H. Temm	ne					dergarten/Kinder		,
Physical Address (s	treet address	only):						ly Both Semesters
					KINDEI	RGARTEN/PRE	KINDERGARTEN:	
Distance from home Elementary 5.1	e to nearest so HS 0	hool (one wa	ay)		by this	contract:		age students also covered days per week days per week
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an <u>y</u>	y (one way)		Kinder To or fr	garten child ride om Bus Stop	es <u>without</u> other scho times per day, __	ool-age students: days per week
□ Contract is for o	ne-way only				I o or tr	om School	times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.	Deadl	ines:	ool Clerk June 1.	
	Pre-K	K	1-8	9-12	PAREN	IIS: Due to Sch	looi Cierk June 1.	
	Total	Total	Total	Total	CLERK files.	S: Send origina	Il to County Supt by Ju	ly 1, retain a copy for your
Regular Trans						Y SUPERINTE	NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans						r your files.	TDENTO: Ocha ongine	
Room & Board							EIMBURSEMENT R trict, county and OPI	
Correspondence						(FOI dis	trict, county and OF	ruse orliy)
Reg. Contingency						Reimb	ursement rate is deter	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
		1						
Agreement betweer	n parent (parei	nt name)			, and sc	hool district (dist	rict name)	
(county name)				County hereinat	fter referred to	as the District(s)		
The parties agree as follow		ransportation for		•		` ,		dian assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportati	tion for the distance	reported on the contra	ct actually occurs.	umber of days the student(s) was
transported for the	past semester.	•	•		•	nformation accompan	·	and the oldernity was
	terminate at the er	d of the school y		student(s) is no longe		, whichever occurs fire		Date
Billings Elem		,						
High School District		Chair, Boa	ard of Truste	es				Date
		<u> </u>	I attes	t that the above	information is t	rue and correct.		<u>'</u>
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to School Cle	rk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		Coun	ty	l	Legal Entity	
Billings Elem					Yell	owstone		0965	
High School or K-12 Di	strict Responsit	ole for Reimbu	irsing the Cont	ract	Coun			Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?				<u>'</u>	
Are you applying for			□ No		Student Na	ame	School		Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement			3033		0.000
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	lual circumstand the county trans	ces must be re sportation com	eviewed and ap nmittee, and th	proved by the	Student Na	ame	School		Grade
Check here only if incre	·	J	ŕ	proved by the	Student Na	ame	School		Grade
District Trustees and th		portation Con	nmittee.	proved by the					
Elem District Approval		□ no	itials		Student Na	ame	School		Grade
HS District Approval County Approval	•	□ no □ no				ITRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1- □ 1st Sen	12 nester Only	□ 2nd Semester Onl	y □ Both Se	mesters
Pam Fleming						•		, = 2000	
Physical Address (st	treet address	only):				garten/Kinder nester Only	garten □ 2nd Semester Onl	y □ Both Se	mesters
						-	KINDERGARTEN:	•	
Distance from home Elementary 5	to nearest so	hool (one w	ay)		Kindergar by this co To or from	ten child ride ntract: Bus Stop	times per day,times per day,	day	s per week
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kindergar	ten child ride	es <u>without</u> other scho times per day, _ times per day, _	ol-age studen	ts:
Contract is for or	ne-way only						times per day, _	uay.	3 per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	s contract.	Deadling PARENTS	<u>es:</u> 3: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total			I to County Supt by Jul	y 1, retain a co _l	py for your
Regular Trans									
Spec. Ed. Trans					copy for yo		IDENTS: Send origina	al to OPI by July	y 10, retain a
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						5 · -		alle.	
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parei	nt name)			, and school	ol district (dist	rict name)		· · · · · · · · · · · · · · · · · · ·
(county name)				County, hereina	fter referred to as	the District(s)			
The parties agree as follow		ransportation fo		-			session. The parent or guard	lian assures that a li	censed and
insured driver will tr 2. In March and June,	ransport the studer the District shall p	nts. Mileage cor	ntracts are valid o	only when transportat	ion for the distance repo	rted on the contra			
transported for the 3. The payment shall	past semester. be computed on th	ne basis of the so	chedule establish	ed in Section 20-10-	142, MCA, and the infor	mation accompany	ving this contract.	•	
4. This contract shall the Elementary School I	terminate at the er	d of the school	year or when the ard of Truste	student(s) is no long	er enrolled in school, wh	nichever occurs firs	st.	Date	
Billings Elem High School District		,	ard of Truste					Date	
r light Ochool District		Onaii, Bu	ura or rruste					Date	
			I attes	t that the above	information is true	and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Billings Elem High School or K-12 Debrict Responsible for Reinhursing the Contract State County County Legal Entity September Legal Entity Le		a, MT 59620	-2501		Du	e to School Clerk June	: 1	
Is this contract shared between elementary and high school? yes	Elementary District Res	ponsible for Re	imbursing the	Contract		County	<u> </u>	Legal Entity
Is this contract shared between elementary and high school? yes	Rillings Flem					Yellowsto	ne	0965
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Co	High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract			
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Co								
SistLand in Section 2-10-142. MCA. provides for increased reimbursement rigites for special circumstances of adulation of residence. In code to noceive trustees of the district. Necocity transportation committee, and the Office of Public Instruction. (10.7-116 ARM provides guidelines for such.) Check here only if increased apparent due to solation has been approved by the District Trustees and the County Trusportation Committee.		d between el	ementary ar	nd high schoo	ol?			
Student Name School Grade Student Name School Grade Student Name School Grade Free Mark Interest Approval Sea Interest Interest Approval Sea Interest Interest Approval Sea Interest Interest Interest Approval Sea Interest In				□ No		Student Name	School	Grade
Table for special circumstances of featibition of residence. In order to noceive increased rate, involvable circumstances and a projected by the project of the control of	(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement			
Check here only if increased payment due to isolation has been approved by the District frustees and the County Transportation Committee. Student Name	increased rates, individu trustees of the district, the	ual circumstand ne county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Student Name	School	Grade
Student Name School Grade HS District Approval yes no	Check here only if incre	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Statistic Approval yes no		-	In			Student Name	School	Grade
Parent or Guardian Name: (Please Print)	HS District Approval	□ yes □	no				IS FOR:	
Rhonda Olson Physical Address (street address only): Pre-kindergarten/kindergarten 2nd Semester Only 2nd Semester Only 3nd Semester Semest							15 FUK:	
Physical Address (street address only): Stance from home to nearest school (one way) Stemester Only 2nd Semester Only Both Semesters		vairie. (i leas	e i iiiii)			☐ 1st Semester C	nly 2nd Semester C	Only Both Semesters
Distance from home to nearest school (one way) Elementary 4.4 HS 0 Distance from home to nearest school (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.		root addross	only):					
Distance from home to nearest school (one way) Elementary 4.4	Filysical Address (st	eet address	Offig).			☐ 1st Semester C	nly 2nd Semester C	Only Doth Semesters
Agreement between parent (parent name)	Elementary 4.4 Distance from home Elementary 0 Contract is for on Students in Each Grade Leventary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg.	HS 0 to nearest bu HS 0 e-way only rel - Only include Pre-K	is stop, if any the students to t	y (one way) De covered by thi	9-12	Kindergarten chil by this contract: To or from Bus Sto To or from School Kindergarten chil To or from Bus Sto To or from School Deadlines: PARENTS: Due t CLERKS: Send of files. COUNTY SUPERI copy for your files. (Fo	d rides with other school pptimes per daytimes per day d rides without other sc pptimes per day times per day to School Clerk June 1. riginal to County Supt by school NTENDENTS: Send orig REIMBURSEMENT r district, county and O	days per week days per week hool-age students: days per week July 1, retain a copy for your inal to OPI by July 10, retain a RATE PI use only) ermined by
County name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	o ,						20-10-142, MCA	
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	(county name) The parties agree as follows 1. The parent shall trainsured driver will trainsured driver will trainsured for the parent shall by the payment shall by the payment shall by the contract shall the Elementary School D	s: isport or provide t insport the studer the District shall p ast semester. e computed on the erminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al chedule establish year or when the	County, hereinaf o and from the school only when transportati oproved in the applicated ed in Section 20-10-1 student(s) is no longer	ter referred to as the Distriction or bus stop on the days when schon for the distance reported on the ation upon certification by the teac 42, MCA, and the information acc	rict(s). ool is in session. The parent or guestic contract actually occurs. ner or principal of the school of the ompanying this contract.	number of days the student(s) was
			Chair, Boa	ard of Truste	es			Date
				I attest	that the above	information is true and co	rrect.	L
Organization i actività di distributioni	Signature - Parent or 0	Guardian		, 4.1301			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620)-2501				l Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Billings Elem						Yellowstone		0965
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high school	ol?				
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attack ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement			33.133.	0.000
rates for special circum increased rates, individ					Stude	ent Name	School	Grade
trustees of the district, Public Instruction. (10.7)				e Office of				
Check here only if incre	eased payment	due to isolation	n has been ap	proved by the	Stude	ent Name	School	Grade
District Trustees and th		sportation Com				 		
Elem District Approval HS District Approval		□ no □ no			Stude	ent Name	School	Grade
County Approval	□ yes	□ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				t Semester Only	□ 2nd Semester Onl	y Both Semesters
Shane Johnson						indergarten/Kinder		
Physical Address (s	treet address	only):			□ 1s	t Semester Only	 2nd Semester Onl 	y Both Semesters
					KIND	ERGARTEN/PRE	(INDERGARTEN:	age students also covered
Distance from home	to nearest so	chool (one wa	ay)		by th	is contract:		
Elementary 4.7					To or To or	from Bus Stop from School	times per day, _ times per day, _	days per week days per week
Distance from home Elementary 0	to nearest bu HS 0	us stop, if any	y (one way)		Kind To or	ergarten child ride from Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week
☐ Contract is for or	ne-way only				To or	from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by the	is contract.	Dea	dlines: ENTS: Due to Sch	101 1 1	
	Pre-K	K	1-8	9-12				
	Total	Total	Total	Total	CLEI files.	RKS: Send original	to County Supt by Jul	y 1, retain a copy for your
Regular Trans						NTV CUDEDINITEN	IDENTS. Sond origina	al to OPI by July 10, retain a
Spec. Ed. Trans						for your files.	IDEN 13. Sena ongma	ii to OFI by July 10, letaill a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Reimhi	ursement rate is deterr	nined by
Contingency Spec. Ed. Contin.						T Carrie	20-10-142, MCA.	initia by
- p								
Agreement between	parent (parei	nt name)			, and	school district (dist	rict name)	,
(county name) The parties agree as follow	/S:			County, hereinat	fter referred t	o as the District(s).		
The parent shall tra insured driver will tra	nsport or provide transport the stude	nts. Mileage con	tracts are valid of	only when transportati	ion for the distan	ce reported on the contract	ct actually occurs.	lian assures that a licensed and
In March and June, transported for the	the District shall p past semester.	pay the parent the	e sum officially a	pproved in the applica	ation upon certific	cation by the teacher or p	rincipal of the school of the nu	mber of days the student(s) was
 This contract shall 	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		e information accompany ool, whichever occurs firs		T D-4-
Elementary School I Billings Elem	District	Chair, Boa	ard of Truste	es				Date
High School District		Chair, Boa	ard of Truste	es				Date
		<u>-</u>	I attes	t that the above	information i	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Dι	ue to School Clerk Ju	une 1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Billings Elem					Yellows	tone	0965
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract	County	toric	Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	<u> </u>		
Are you applying for	r isolation stati	us? □ Yes	□ No		Student Name	School	Grade
(If yes, please attac	h explanation)	nrovides for	increased rein	nhursement	Student Name	School	Grade
rates for special circun	nstances of isola	ition of resider	nce. In order to	o receive	Student Name	School	Grade
increased rates, individed trustees of the district,	the county trans	sportation com	mittee, and the		Otadoni i tamo	3333.	0.440
Public Instruction. (10.	·	J	ŕ		Student Name	School	Grade
Check here only if incr District Trustees and the				proved by the			
Elem District Approval	□ ves	□ no	itials		Student Name	School	Grade
HS District Approval	□ yes □	□ no			THIS CONTRA	CT IS FOR:	
Parent or Guardian					Grades 1-12		
		,			☐ 1st Semeste	er Only	ly Both Semesters
Stacey Goich Physical Address (s	treet address	oulv).			Pre-kindergarte		li
i injoiodi / idarooo (o	aroot address	oy/.			□ 1st Semeste	er Only 2nd Semester Onl	ly Both Semesters
					KINDERGART Kindergarten	EN/PREKINDERGARTEN: child rides with other school-	ane students also covered
Distance from home		hool (one wa	ay)		by this contra	ct:	_
Elementary 5.4	HS 0				To or from Bus	Stop times per day, _ool times per day, _	days per week
Distance from home Elementary 0	e to nearest bu HS 0	is stop, if an	y (one way)		Kindergarten o	child rides without other scho Stoptimes per day, ooltimes per day,	ool-age students:
□ Contract is for o	ne-way only				To or from Sch	ool times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to I	be covered by thi	s contract.	Deadlines:		
	Pre-K	K	1-8	9-12	PARENTS: Du	ue to School Clerk June 1.	
	Total	Total	Total	Total		d original to County Supt by Jul	ly 1, retain a copy for your
Regular Trans					files.		
Spec. Ed. Trans					COUNTY SUP copy for your fil	ERINTENDENTS: Send originalles.	al to OPI by July 10, retain a
Room & Board						REIMBURSEMENT R	ATE
Correspondence						(For district, county and OPI	use only)
_							
Reg. Contingency						Reimbursement rate is determ	mined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agraement between	naront (naro	at nama)			and ashaal dis	triat (district name)	
Agreement betweer	i parent (parei	it riame)			, and school dis	strict (district name)	······································
(county name) The parties agree as follow	vs.		(County, hereina	fter referred to as the D	District(s).	
 The parent shall tra 	ansport or provide t				I or bus stop on the days wher ion for the distance reported or	school is in session. The parent or guard	dian assures that a licensed and
	, the District shall p					teacher or principal of the school of the nu	imber of days the student(s) was
The payment shall	be computed on th	ne basis of the so	chedule establish	ed in Section 20-10- student(s) is no long	142, MCA, and the information er enrolled in school, whicheve	accompanying this contract. er occurs first.	
Elementary School			ard of Truste				Date
Billings Elem High School District		Chair, Boa	ard of Truste	es			Date
Ciamatera D	Cuerdia		I attest	t that the above	information is true and		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620)-2501				Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Billings Elem						Yellowstone		0965
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high school	ol?				
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attack ISOLATION: Section 2)	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement			33.133.	0.000
rates for special circum increased rates, individ trustees of the district,	lual circumstand	ces must be re-	viewed and ap	proved by the	Stude	ent Name	School	Grade
Public Instruction. (10.					Stude	ent Name	School	Grade
Check here only if incre District Trustees and the		sportation Com	mittee.	proved by the	Stude	iit ivailie	301001	Grade
Elem District Approval HS District Approval		Ini □ no □ no	tials		Stude	ent Name	School	Grade
County Approval	□ yes	□ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				t Semester Only	□ 2nd Semester Onl	y Both Semesters
Wendy Ard					Pre-k	indergarten/Kinder	garten	
Physical Address (s	treet address	only):						y Both Semesters
					KIND	ERGARTEN/PRE	(INDERGARTEN:	
Distance from home		hool (one wa	ay)		by th	is contract:		age students also covered
Elementary 3.1	HS 0				To or To or	from Bus Stop from School	times per day, _ times per day.	days per week days per week
Distance from home Elementary 0	to nearest but HS 0	ıs stop, if any	y (one way)		Kind To or	ergarten child ride from Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week
☐ Contract is for or	ne-way only				To or	from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	Dea	dlines: ENTS: Due to Scho	nol Clark Juna 1	
	Pre-K	_K	1-8	9-12				
	Total	Total	Total	Total	CLEF files.	RKS: Send original	to County Supt by Jul	y 1, retain a copy for your
Regular Trans					COU	NTY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					сору	for your files.		
Room & Board							IMBURSEMENT RA	
Correspondence						(i oi diot	not, county and or r	doc omy)
Reg. Contingency						Reimbi	ursement rate is deterr	 nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	narent (nare	nt name)			and	school district (distr	rict name)	
	i parent (pare	nt ridinic)				·	iot name)	,
(county name) The parties agree as follow		transportation for		3 ,		o as the District(s).	accion. The percent or success	lian accuracy that a licensed and
insured driver will to	ransport the stude	nts. Mileage con	tracts are valid of	only when transportati	ion for the distand	e reported on the contract	ct actually occurs.	lian assures that a licensed and mber of days the student(s) was
transported for the	past semester.		•		•	e information accompany	•	
	terminate at the er	nd of the school y		student(s) is no longe		ool, whichever occurs firs		Date
Billings Elem		,						
High School District		Chair, Boa	ard of Truste					Date
			I attes	t that the above	information is	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Parent or Guardian Name: (Please Print)	Helena, MT 59620)-2501	Due	to School Clerk June 1		
Student Name School Grade	Elementary District Responsible for Re	eimbursing the Contract		County	Le	gal Entity
Student Name School Grade	Billings Elem			Yellowstone	06	965
Are you applying for isolation status? Yes No (ffyes, please attach explanation) SoLaTION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances of isolation of residence. In order to receive increased rates, individual circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Student Name	High School or K-12 District Responsit	ble for Reimbursing the Co	ontract	County	Le	gal Entity
Are you applying for isolation status? Yes No (ffyes, please attach explanation) SoLaTION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances of isolation of residence. In order to receive increased rates, individual circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Student Name						
Student Name		lementary and high sch	nool?			
SoLutrON: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Initials Student Name				Student Name	School	Grade
Student Name School Grade	ISOLATION: Section 20-10-142, MCA	A, provides for increased r	eimbursement			
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. County Approval yes no	increased rates, individual circumstand trustees of the district, the county trans	ces must be reviewed and sportation committee, and	approved by the the Office of	Student Name	School	Grade
District Trustees and the County Transportation Committee. Initials Student Name	, , , , , , , , , , , , , , , , , , ,	,		Student Name	School	Grade
Student Name School Grade		sportation Committee.	approved by the			
Parent or Guardian Name: (Please Print)		□ no		Student Name	School	Grade
Wendy Fike Physical Address (street address only): Distance from home to nearest school (one way) Elementary 3.8 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans A st Semester Only 2 2nd Semester Only Both Semesters KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students: To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from School times per day, days per week To or from Bus Stop times per day, days per week To or from School ti						
Physical Address (street address only): Step	Parent or Guardian Name: (Pleas	e Print)			2nd Semester Only	Both Semesters
Physical Address (street address only): 1st Semester Only 2nd Semester Only Both Semesters	Wendy Fike			Pre-kindergarten/Kindergart	ten	
Distance from home to nearest school (one way) Elementary 3.8	Physical Address (street address	only):				Both Semesters
Distance from home to nearest school (one way) Elementary 3.8 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Total Regular Trans By this contract: To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, times per day, days per week To or from School times per day, times per day,						
Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K Total CLERKS: Send original to County Supt by July 1, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS:		chool (one way)		by this contract:		
Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Total Regular Trans To or from School times per day, days per week Deadlines: PARENTS: Due to School Clerk June 1. CLERKS: Send original to County Supt by July 1, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a	Distance from home to nearest bu	us stop, if any (one way	')	Kindergarten child rides v	<u>vithout</u> other school-ag	ge students:
Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K	•			To or from Bus Stop To or from School	times per day, times per day,	days per week days per week
Regular Trans Pre-K		the students to be severed by	this contract		_ , , ,	
Regular Trans Total Total Total CLERKS: Send original to County Supt by July 1, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a				PARENTS: Due to School	Clerk June 1.	
COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a			-		County Supt by July 1, re	etain a copy for your
	Regular Trans			COUNTY SUPERINTENDE	NTS: Send original to C	OPI by July 10, retain a
Spec. Ed. Trans copy for your files.	Spec. Ed. Trans					71 1 by daily 10, retain a
Room & Board REIMBURSEMENT RATE	Room & Board					
Correspondence (For district, county and OPI use only)	Correspondence			(For district	, county and OPI use	only)
Reg.	Reg.					
Contingency Reimbursement rate is determined by 20-10-142, MCA.	0 ,					ь бу
Spec. Eu. Contin.	Spec. Ed. Contin.					
Agreement between parent (parent name), and school district (district name),	Agreement between parent (parei	nt name)		, and school district (district	name)	
(county name) County, hereinafter referred to as the District(s). The parties agree as follows:			_ County, hereinafter	referred to as the District(s).		
1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.	The parent shall transport or provide to					sures that a licensed and
2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.	In March and June, the District shall p transported for the past semester.	pay the parent the sum officially	y approved in the application	n upon certification by the teacher or princip	pal of the school of the number of	f days the student(s) was
 The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. 	 This contract shall terminate at the er 	nd of the school year or when t	he student(s) is no longer e	, MCA, and the information accompanying t nrolled in school, whichever occurs first.		
Elementary School District Chair, Board of Trustees Date Billings Elem	Elementary School District Billings Elem	Chair, Board of Trus	tees		Da	ate
	High School District					
I attest that the above information is true and correct.		I atte	est that the above inf	ormation is true and correct.		
Signature - Parent or Guardian Date	Signature - Parent or Guardian			Da	ate	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620)-2501		_		ol Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the C	Contract			County		Legal Entity	
Billings Elem						Yellowstone		0965	
High School or K-12 D	istrict Responsil	ole for Reimburs	sing the Con	tract		County		Legal Entity	
Billings H S						Yellowstone		0966	
Is this contract share □ yes □ no	ed between el	ementary and	l high scho	ol?					
Are you applying for (If yes, please attac	h explanation))	□ No		Stu	dent Name	School	Gr	ade
ISOLATION: Section rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	ation of residences must be revi sportation comm	e. In order to iewed and ap nittee, and th	o receive oproved by the	Stu	dent Name	School	Gr	ade
Check here only if incredit District Trustees and the	eased payment	due to isolation	has been ap	pproved by the	Stu	dent Name	School	Gr	ade
Elem District Approval HS District Approval	□ yes	Initia □ no □ no □ no	als		Stu	dent Name	School	Gr	ade
County Approval	□ yes	□ no				S CONTRACT IS F	OR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester On	ly Both Semesters	S
Dan MacDonald Physical Address (s		only):				-kindergarten/Kinde st Semester Only		ly Both Semesters	s
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 4.6 ne-way only evel - Only include Pre-K Total	the students to be	(one way) covered by th 1-8 Total	9-12 Total	KIN Kin by the Took Kin Took Took Took Took Took Took Took Too	DERGARTEN/PRE dergarten child rid chis contract: or from Bus Stop or from School dergarten child rid or from Bus Stop or from School adlines: RENTS: Due to Sch ERKS: Send originals: UNTY SUPERINTE by for your files. Reimb	kindergarten: es with other school- times per day, toool Clerk June 1. al to County Supt by Ju NDENTS: Send original EIMBURSEMENT R trict, county and OPI oursement rate is detern 20-10-142, MCA.	age students also cov days per we days per	vered eek eek eek
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide ransport the stude the District shall p past semester. be computed on the terminate at the er	transportation for the state of the state of the state of the scheduler and the scheduler are basis of the scheduler are state of the scheduler are scheduler are state of the scheduler are scheduler ar	he student(s) to acts are valid of sum officially a edule establish ar or when the	County, hereinaf o and from the school only when transportati approved in the applica ned in Section 20-10-1 student(s) is no longe	or bus stop or on for the dista ation upon cert	ince reported on the contra	n session. The parent or guan act actually occurs. orincipal of the school of the nu ying this contract.	dian assures that a licensed an umber of days the student(s) was Date	
Billings Elem		,							
High School District Billings H S		Chair, Boar						Date	
	-	_	I attes	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian		_				Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 5962	0-2501		School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Responsible for R	eimbursing the Contra	ct	County		Legal Entity
Billings Elem			Yellowstone		0965
High School or K-12 District Respons	ible for Reimbursing th	e Contract	County		Legal Entity
Billings H S			Yellowstone		0966
Is this contract shared between € □ yes □ no	elementary and high	school?			
Are you applying for isolation sta (If yes, please attach explanation	1)		Student Name	School	Grade
ISOLATION: Section 20-10-142, MC rates for special circumstances of isol increased rates, individual circumstar trustees of the district, the county tran Public Instruction. (10.7.116 ARM pro	lation of residence. In nces must be reviewed asportation committee,	order to receive and approved by the and the Office of	Student Name	School	Grade
Check here only if increased paymen District Trustees and the County Tran	sportation Committee.		Student Name	School	Grade
	Initials	_	Student Name	School	Grade
County Approval	□ no		THIS CONTRACT IS FO	<u>DR:</u>	
Parent or Guardian Name: (Pleas	se Print)		☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Jeannie Wisler			Pre-kindergarten/Kinder	garten	
Physical Address (street address	s only):		☐ 1st Semester Only		y Both Semesters
Distance from home to nearest s Elementary 0 HS 6.7 Distance from home to nearest b Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (one	ed by this contract. 8 9-12	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to School CLERKS: Send original files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day,times per day,times per day,tes without other schotimes per day,times per day,times per day,tool Clerk June 1.	days per week days per week days per week
insured driver will transport the stude 2. In March and June, the District shall transported for the past semester. 3. The payment shall be computed on	transportation for the students. Mileage contracts are pay the parent the sum of	dent(s) to and from the schoo e valid only when transportat ficially approved in the applic established in Section 20-10- then the student(s) is no long	, and school district (district referred to as the District(s). If or bus stop on the days when school is in ition for the distance reported on the contravation upon certification by the teacher or p. 142, MCA, and the information accompanyer enrolled in school, whichever occurs first	session. The parent or guard ct actually occurs. rincipal of the school of the nur	
Billings Elem	,				
High School District Billings H S	Chair, Board of	ı rustees			Date
		attest that the above	information is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620			ool Year 2004- 2005 o School Clerk June 1		
Elementary District Responsible for Re	imbursing the Cor	ntract	County	1	Legal Entity
Billings Elem			Yellowstone		0965
High School or K-12 District Responsit	le for Reimbursing	g the Contract	County		Legal Entity
Billings H S			Yellowstone		0966
Is this contract shared between el ☐ yes ☐ no	ementary and hi	gh school?			
Are you applying for isolation state (If yes, please attach explanation) ISOLATION: Section 20-10-142, MC.F.		□ No	Student Name	School	Grade
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	tion of residence. ses must be review portation committed	In order to receive red and approved by the ee, and the Office of	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation ha	s been approved by the	Student Name	School	Grade
	Initials no no		Student Name	School	Grade
	no		THIS CONTRACT IS FO Grades 1-12	<u>DR:</u>	
Parent or Guardian Name: (Pleas	e Print)		☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters
Laurie A. Grygiel Physical Address (street address	only).		Pre-kindergarten/Kinder		= D # 0
1 Hysical Address (street address	orny).		☐ 1st Semester Only	·	Both Semesters
Distance from home to nearest so Elementary 0 HS 6 Distance from home to nearest but Elementary 0 HS 5.7 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	is stop, if any (or the students to be co		by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day,	days per week da
Agreement between parent (parent (county name) The parties agree as follows: 1. The parent shall transport or provide to insured driver will transport the studer 2. In March and June, the District shall part transported for the past semester. 3. The payment shall be computed on the december of the the de	ransportation for the ats. Mileage contraction ay the parent the sun the basis of the schedule basis of the schedule.	student(s) to and from the school or b s are valid only when transportation fo n officially approved in the application alle established in Section 20-10-142, I	or the distance reported on the contra upon certification by the teacher or p MCA, and the information accompany	session. The parent or guardict actually occurs. rincipal of the school of the num	
Elementary School District Billings Elem	Chair, Board				Date
High School District Billings H S	Chair, Board	of Trustees			Date
		I attest that the above info	ormation is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620)-2501			chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	'	Legal Entity
Billings Elem					Yellowstone		0965
High School or K-12 Di	strict Responsi	ble for Reimbur	sing the Con	tract	County		Legal Entity
Billings H S					Yellowstone		0966
Is this contract share ☐ yes ☐ no	ed between e	lementary and	d high scho	ol?			
Are you applying for (If yes, please attach	n explanation)	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	nstances of isola lual circumstand the county trans	ation of residen- ces must be reve sportation comr	ce. In order t viewed and ap nittee, and th	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th				proved by the	Student Name	School	Grade
		□ no	ials 		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	<i>I</i> □ Both Semesters
Steven Butler					Pre-kindergarten/Kinder	garten	
Physical Address (s	treet address	only):			☐ 1st Semester Only	☐ 2nd Semester Only	□ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Lean Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 4.9 to nearest bu HS 4.4 ne-way only	us stop, if any	(one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send original files. COUNTY SUPERINTER copy for your files. RE (For dist	times per day,	days per week days per week days per week 7 1, retain a copy for your I to OPI by July 10, retain a ATE use only)
insured driver will tr 2. In March and June, transported for the 3. The payment shall	vs: Insport or provide Insport the stude The District shall past semester. The computed on the	transportation for nts. Mileage cont pay the parent the	the student(s) tracts are valid of sum officially a	o and from the school only when transportation pproved in the application of the section 20-10-14	, and school district (district referred to as the District(s) or bus stop on the days when school is in for the distance reported on the contration upon certification by the teacher or page 42, MCA, and the information accompaning renrolled in school, whichever occurs fire	n session. The parent or guardi ct actually occurs. rincipal of the school of the nun	
Elementary School I Billings Elem			rd of Truste				Date
High School District Billings H S		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above i	nformation is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity			
Lockwood Elem						Yellowstone		0967			
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?							
Are you applying for			□ No		Stud	dent Name	School		Grade		
(If yes, please attaction: Section	20-10-142, MCA	, provides for	increased reir	nbursement	1						
rates for special circum increased rates, individ trustees of the district,	fual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade		
Public Instruction. (10.	·	, and the second	,		Stud	dent Name	School		Grade		
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the							
Elem District Approval		no	tials		Stud	dent Name	School		Grade		
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:				
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters		
Nancie Doney					Pre-	kindergarten/Kinder	garten				
Physical Address (s	treet address	only):				☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
						DERGARTEN/PRE					
Distance from home Elementary 23.6	to nearest so HS 0	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day,	_			
Distance from home Elementary 0	to nearest bu	ıs stop, if any	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ es <u>without</u> other scho times per day, _	ol-age student	s:		
□ Contract is for o	ne-way only				To o	or from School	times per day,	days	per week		
Students in Each Grade Le	• •	the students to b	e covered by the	s contract.		adlines:					
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.				
	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	y for your		
Regular Trans					COI	INTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	10 retain a		
Spec. Ed. Trans						y for your files.	DENTO: Gena ongme	ar to Or 1 by oury	ro, rotalir a		
Room & Board							IMBURSEMENT RA				
Correspondence						(For dist	rict, county and OPI	use only)			
Reg.						-					
Contingency						Reimbi	ursement rate is deterr 20-10-142, MCA.	nined by			
Spec. Ed. Contin.											
Agreement betweer	n parent (parei	nt name)			, and	d school district (distr	rict name)		,		
(county name) The parties agree as follow				County, hereina	after referred	to as the District(s).					
 The parent shall tra 	ansport or provide t					the days when school is in nce reported on the contract	session. The parent or guard	dian assures that a lic	censed and		
In March and June transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the appli	cation upon certi	fication by the teacher or pr	rincipal of the school of the nu	mber of days the stu	dent(s) was		
This contract shall	terminate at the er	d of the school y	ear or when the	student(s) is no long	0-142, MCA, and ger enrolled in so	the information accompany chool, whichever occurs firs	ring this contract. t.	T_			
Elementary School Lockwood Elem	District	Chair, Boa	ard of Truste	es				Date			
High School District		Chair, Boa	ard of Truste	es				Date			
			I attes	t that the above	e information	is true and correct.					
Signature - Parent or	Guardian						Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	ie to School (Clerk June 1				
Elementary District Resp	onsible for Re	eimbursing the	Contract		С	ounty	1	Legal Entity		
Lockwood Elem					Y	'ellowstone		0967		
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		ounty		Legal Entity		
Is this contract shared ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?	•					
Are you applying for i			□ No		Studen	t Name	School	Grade		
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	Ciadon	rianio	2011001	Olddo		
rates for special circums increased rates, individu trustees of the district, th Public Instruction. (10.7.	tances of isola al circumstanc le county trans	ition of resider ses must be re sportation com	nce. In order to eviewed and ap amittee, and the	o receive oproved by the	Studen	t Name	School	Grade		
Check here only if increa	sed payment	due to isolatio	n has been ap	proved by the	Studen	t Name	School	Grade		
Elem District Approval	□ yes	In □ no	itials		Studen	t Name	School	Grade		
		□ no □ no			THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian N	ame: (Pleas	e Print)				Semester Only	□ 2nd Semester Onl	y Both Semesters		
Nancy Doney					Pre-kin	dergarten/Kinder	narten			
Physical Address (str	eet address	only):						y Both Semesters		
Distance from home for Elementary 23.6 Distance from home for the first and the first	o nearest sc HS 0 o nearest bu HS 0 e-way only	hool (one wa	y (one way)	s contract. 9-12 Total	KINDE Kinder by this To or fr Kinder To or fr To or fr To or fr PAREN files. COUN	RGARTEN/PREI garten child ride contract: com Bus Stop com School garten child ride om Bus Stop com School lines: ITS: Due to Sch CS: Send origina TY SUPERINTEN r your files. RE (For dist	times per day,	days per week days per week days per week ol-age students: days per week		
insured driver will tra In March and June, the transported for the part of th	sport or provide t nsport the studer ne District shall p ast semester. e computed on the rminate at the en	rransportation for this. Mileage cor you the parent the the basis of the sy do of the school	r the student(s) to tracts are valid of e sum officially a chedule establish year or when the	County, hereinaf o and from the school only when transportati pproved in the applica- ted in Section 20-10-1 student(s) is no longer	fter referred to l or bus stop on the ion for the distance ation upon certificat	reported on the contra	session. The parent or guard at actually occurs. incipal of the school of the nur	lian assures that a licensed and mber of days the student(s) was		
Elementary School D Lockwood Elem	ISTRICT	,	ard of Truste					Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	t that the above	information is	true and correct.				
Signature - Parent or G	uardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620)-2501		Dι	ue to School	Clerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		(County		Legal Entity	_
Blue Creek Elen	n					Yellowstone		0968	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	_
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	<u>'</u>				
Are you applying for			□ No		Studer	nt Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA) A, provides for	increased reir	nbursement		it raine	Concor	Orduc	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and apprinted in the contract of the	o receive oproved by the	Studer	nt Name	School	Grade	
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Studer	nt Name	School	Grade	
Elem District Approval HS District Approval	□ yes	In □ no	itials		Studer	nt Name	School	Grade	
		□ no □ no				CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grade □ 1st	s 1-12 Semester Only	□ 2nd Semester Onl	y Both Semesters	
Cathy Harvey					Pre-kir	ndergarten/Kinder	garten		
Physical Address (st	treet address	only):						y Both Semesters	
Distance from home Elementary 5 Distance from home Elementary 0 Contract is for or Students in Each Grade Lean Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	us stop, if an	y (one way)	9-12 Total	KINDE Kinde by this To or f Kinde To or f Corf To or f Corf CLER files. COUN	RGARTEN/PREI rgarten child ride s contract: from Bus Stop rgarten child ride from School grarten child ride from School lines: NTS: Due to Sch KS: Send origina TY SUPERINTEN or your files. RE (For dist	times per day,	days per week days per week ol-age students: days per week	
insured driver will tr 2. In March and June, transported for the 3. The payment shall 4. This contract shall	rs: nsport or provide to ansport the stude the District shall past semester. be computed on the terminate at the er	transportation fo nts. Mileage cor nay the parent th ne basis of the si nd of the school	r the student(s) to tracts are valid of e sum officially a chedule establish	County, hereinal of and from the school only when transportati proved in the applicated in Section 20-10-student(s) is no longer	fter referred to I or bus stop on the ion for the distance ation upon certifica 142, MCA, and the	reported on the contra	session. The parent or guard ct actually occurs. rincipal of the school of the nu	lian assures that a licensed and mber of days the student(s) was	
Elementary School I	וטווופוע	,							
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is	true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	Helena, MT 59620-2501 Due to School Clerk June 1								
Elementary District Resp	onsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity	
Blue Creek Elem						Yellowstone		0968	
High School or K-12 Dis		ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared ☐ yes ☐ no	d between ele	ementary ar	nd high schoo	ol?				<u> </u>	
Are you applying for i			□ No		Stuc	lent Name	School	Grade	
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	Otac	ioni vaine	Concor	Crade	
rates for special circums increased rates, individu trustees of the district, th Public Instruction. (10.7.	al circumstanc e county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Stuc	lent Name	School	Grade	
Check here only if increa	sed payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
HS District Approval							School	Grade	
County Approval Parent or Guardian N		no			THIS CONTRACT IS FOR: Grades 1-12				
	ame. (Flease	e Filili)			□ 1	st Semester Only	□ 2nd Semester Onl	y Both Semesters	
Cindy Kennedy Physical Address (str	eet address	only):				kindergarten/Kinder st Semester Only		y Both Semesters	
Distance from home to Elementary 6.8 Distance from home to Elementary 0 Contract is for one Students in Each Grade Leven Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 so nearest bu HS 0 e-way only	ıs stop, if an	y (one way)	s contract. 9-12 Total	Kind by ti To co Kind To co To co Dea PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: EENTS: Due to Scho RKS: Send original or for your files. RECTOR SCHOOL REC	times per day,times per day,tool Clerk June 1.	days per week da	
insured driver will tra 2. In March and June, it transported for the pa 3. The payment shall be 4. This contract shall te Elementary School D Blue Creek Elem	sport or provide to sport the studer ne District shall p ast semester. e computed on the rminate at the en	rransportation for this. Mileage core that the parent the basis of the school of the s	r the student(s) to ntracts are valid o e sum officially ap chedule establish year or when the and of Trustee	County, hereinaft o and from the school only when transportatic oproved in the applica ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista ation upon certif 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the null ring this contract.	ian assures that a licensed and mber of days the student(s) was	
High School District		Criair, B0	ard of Trustee					Date	
			I attest	that the above i	information	is true and correct.			
Signature - Parent or G	uardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	Helena, MT 59620-2501 Due to School Clerk June 1								
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity	
Blue Creek Elen	n					Yellowstone		0968	
High School or K-12 Di		ole for Reimbu	rsing the Conti	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?					
Are you applying for			□ No		Stuc	ent Name	School	Grade	-
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142. MCA	A. provides for	increased rein	nbursement	Olde	CHT Name	GCHOOL	Grade	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstanc the county trans	ition of resider ces must be re sportation com	nce. In order to eviewed and ap imittee, and the	receive proved by the	Stuc	ent Name	School	Grade	<u>.</u>
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade	;
Elem District Approval HS District Approval	□ yes		itials			ent Name	School	Grade	; ;
		no				S CONTRACT IS FO les 1-12	<u>OR:</u>		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Onl	y Both Semesters	
Deanne Dunker Physical Address (st		only):				kindergarten/Kinderg st Semester Only		y Both Semesters	
Distance from home Elementary 4 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	is stop, if an	y (one way)	s contract. 9-12 Total	Kind by the Too of Kind Too of	nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original INTY SUPERINTEN r for your files. RE	times per day,times per day,tool Clerk June 1.	days per week da	
insured driver will tr 2. In March and June, transported for the 3. The payment shall	rs: Insport or provide to ansport the studer the District shall posats semester. De computed on the erminate at the en	ransportation for the substitution for the parent the parent the basis of the substitution of the school of the sc	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf and from the school nly when transportation proved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the distantation upon certif	to as the District(s). the days when school is in	et actually occurs. rincipal of the school of the nu	dian assures that a licensed and mber of days the student(s) was	.,
High School District		Chair, Boa	ard of Trustee	es				Date	
			Lattest	that the above i	information	is true and correct.			
Signature - Parent or	Guardian		7 411001				Date		
-									

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620)-2501		Dι	ie to School Clerk Jun	e 1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Blue Creek Eler	n				Yellowsto	ine	0968
High School or K-12 D		ole for Reimbu	rsing the Cont	ract	County	THE STATE OF THE S	Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	<u> </u>		
Are you applying for	r isolation stat	us? □ Yes	□ No		Student Name	School	Grade
(If yes, please attac	h explanation)	nrovides for	increased rein	nhursement	Student Name	SCHOOL	Grade
rates for special circun	nstances of isola	ation of resider	nce. In order to	o receive	Student Name	School	Grade
increased rates, individual trustees of the district,	the county trans	sportation com	mittee, and the		Otadent Name	Conoon	Grade
Public Instruction. (10.	·	, ,	,		Student Name	School	Grade
Check here only if incr District Trustees and the				proved by the			
Elem District Approval	□ ves	In □ no	itials		Student Name	School	Grade
HS District Approval	□ yes □	□ no □ no			THIS CONTRAC	T IS FOR:	
Parent or Guardian					Grades 1-12		Dette Occasion
Dabbia Davier		•			□ 1st Semester 0	Only 2nd Semester Onl	y Both Semesters
Debbie Bauer Physical Address (s	treet address	only):			Pre-kindergarten/	Kindergarten Only □ 2nd Semester Onl	v □ Roth Samesters
,		3,				•	y both beniesters
						I <u>/PREKINDERGARTEN</u> : ild rides <u>with</u> other school-a	age students also covered
Distance from home Elementary 7.1	to nearest so HS 0	chool (one wa	ay)		by this contract:	· 	_
•					To or from Schoo	top times per day, _ I times per day, _	days per week
Distance from home Elementary 0	to nearest bu HS 0	us stop, if an	y (one way)		Kindergarten ch	ild rides without other scho	ool-age students:
Contract in for a	no wov only				To or from Schoo	toptimes per day, _ Itimes per day, _	days per week
☐ Contract is for o Students in Each Grade Lo	, ,	the students to I	he covered by thi	is contract	Deadlines:		
				,	PARENTS: Due	to School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send	original to County Supt by Jul	y 1, retain a copy for your
Regular Trans					files.		
Spec. Ed. Trans						RINTENDENTS: Send origina	al to OPI by July 10, retain a
·					copy for your files		
Room & Board					(F	REIMBURSEMENT RA or district, county and OPI	· · · <u> </u>
Correspondence						or district, county and or r	use offiy)
Reg.						Reimbursement rate is deterr	mined by
Contingency Spec. Ed. Contin.						20-10-142, MCA.	Timed by
opec. Lu. Contin.							
Agreement betweer	n parent (pare	nt name)			, and school distri	ct (district name)	,
(county name)			(County, hereinat	fter referred to as the Dis	trict(s).	
	ansport or provide					shool is in session. The parent or guard	dian assures that a licensed and
In March and June	, the District shall p				ion for the distance reported on that at the state of the teation upon certification by the teat the state of	ne contract actually occurs. cher or principal of the school of the nu	mber of days the student(s) was
	be computed on the				142, MCA, and the information ac		
4. This contract shall Elementary School			year or when the ard of Truste		er enrolled in school, whichever of	ccurs first.	Date
Blue Creek Elem		,					
High School District		Chair, Boa	ard of Truste				Date
			I attes	t that the above	information is true and co	orrect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		Di	ue to Schoo	ol Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity			
Blue Creek Eler	n					Yellowstone		0968			
High School or K-12 D		le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share	od botwoon ol	omontary an	d high scho	al2							
ges no	ed between en	errieritary ari	ia riigii scriot	JI:							
Are you applying for			□ No		Stud	ent Name	School		Grade		
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142 MCA	nrovides for	increased rein	nbursement	1	chi riame	Concor		Grade		
rates for special circum	nstances of isola	tion of resider	nce. In order to	o receive	Stud	ent Name	School		Grade		
increased rates, individe trustees of the district,	the county trans	portation com	mittee, and the			one riamo	3011301		Grado		
Public Instruction. (10.	7.116 ARM prov	ides guideline	s for such.)		Stud	ent Name	School		Grade		
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the							
		Ini	tials		Stud	ent Name	School		Grade		
Elem District Approval HS District Approval		□ no □ no					_				
County Approval		no				S CONTRACT IS FO les 1-12	<u>DR:</u>				
Parent or Guardian	Name: (Please	e Print)				st Semester Only	2nd Semester On	ly 🗆 Both Se	mesters		
Gerard S. Haffe					Pre-	Pre-kindergarten/Kindergarten					
Physical Address (s	treet address	only):			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters						
					KINI	DERGARTEN/PRE	(INDERGARTEN:				
Distance from home	to nearest so	hool (one w	av)		Kind	lergarten child ride	es with other school-	age students a	Iso covered		
Elementary 0	HS 0	noor (one we	<i>1y)</i>		Too	nis contract: r from Bus Stop	times per day,	day	s per week		
Distance from home	to nearest hu	e eton if an	v (one way)		Тоо	r from School	times per day,	day	s per week		
Elementary 5	HS 0	s stop, ii aii	y (One way)		Kind To o	l ergarten child ride r from Bus Stop	es <u>without</u> other scho times per day,	ool-age studen day	t s: s per week		
□ Contract is for o	ne-way only				Тоо	r from School	times per day,	day	s per week		
Students in Each Grade Le	, ,	the students to b	ne covered by thi	s contract.	Dea	idlines:					
				-	PAR	ENTS: Due to Sch	ool Clerk June 1.				
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	RKS: Send original	to County Supt by Ju	lv 1. retain a co	pv for vour		
Dogular Trans					files.		, , ,		, ,		
Regular Trans					COL	NTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	y 10, retain a		
Spec. Ed. Trans						for your files.	· ·	, ,	•		
Room & Board						RE	IMBURSEMENT R	ATE			
Correspondence						(For dist	rict, county and OP	l use only)			
Reg. Contingency						Reimb	ursement rate is deter	mined by			
Spec. Ed. Contin.							20-10-142, MCA.				
Agreement between	n parent (parer	nt name)			, and	school district (distr	rict name)		,		
(county name)			(County, hereina	fter referred	to as the District(s).					
The parties agree as follow 1. The parent shall tra		ransportation for	the student(s) to	o and from the school	ol or bus stop on	the days when school is in	session. The parent or guar	dian assures that a li	censed and		
						ice reported on the contractication by the teacher or p	ct actually occurs. rincipal of the school of the nu	umber of days the stu	ident(s) was		
transported for the 3. The payment shall	past semester. be computed on th	e basis of the so	chedule establish	ned in Section 20-10-	142, MCA, and t	he information accompany	ring this contract.	•			
	terminate at the en	d of the school y		student(s) is no long		nool, whichever occurs firs		Date			
Blue Creek Elem		,									
High School District		Chair, Boa	ard of Truste	es				Date			
			Lattes	t that the above	information	is true and correct.					
Signature - Parent or	Guardian		. 41103		om	and contool.	Date				
•	-										

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Elementary Detect Responsible for Reinhursing the Contract Secondary Seco		na, MT 59620	-2501		Dι	ie to School Clerk J	une 1	
Is this contract shared between elementary and high school? yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation) SBUATRON scools 26-1642, ROKA, provides for increased reimbursement increased price statch explanation. SBUATRON scools 26-1643, ROKA, provides for increased reimbursement increased price statch explanation. SBUATRON scools 26-1643, ROKA, provides for increased reimbursement increased price static, the county inscription normitine. Bit office of Public instruction, 107.116 ACM provides guidelines for such). Student Name School Grade This contract: Student Name School Grade This contract is Force. Grade In Name School Grade This contract is Force. Student Name School Grade This contract is Force. Grade In Name School Grade This contract is force. This contract is Force. Grade In Name School Grade This contract is Force. Grade In Name School Grade This contract is Force. Grade In Name School Grade This contract is Grade In Name School Grade This contract is force. This contract is fo	Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Is this contract shared between elementary and high school? yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation) SBUATRON scools 26-1642, ROKA, provides for increased reimbursement increased price statch explanation. SBUATRON scools 26-1643, ROKA, provides for increased reimbursement increased price statch explanation. SBUATRON scools 26-1643, ROKA, provides for increased reimbursement increased price static, the county inscription normitine. Bit office of Public instruction, 107.116 ACM provides guidelines for such). Student Name School Grade This contract: Student Name School Grade This contract is Force. Grade In Name School Grade This contract is Force. Student Name School Grade This contract is Force. Grade In Name School Grade This contract is force. This contract is Force. Grade In Name School Grade This contract is Force. Grade In Name School Grade This contract is Force. Grade In Name School Grade This contract is Grade In Name School Grade This contract is force. This contract is fo	Blue Creek Flen	n				Yellows	stone	0968
Aye you applying for isolation status? Yes	High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		7,0110	
Aye you applying for isolation status? Yes								
Solution		ed between el	ementary ar	nd high school	ol?	<u> </u>		
BOLATION: Scott 25(-142, MCA) Carade	Are you applying for	isolation stat	us? □ Yes	□ No		Student Name	School	Grada
Interest or special crounstances of isolation of residence. In order to receive intravead rate, individual circumstances and to reviewed and approved by the provision of the pr	(If yes, please attach	n explanation)	nrovides for	increased rein	mbursement	Student Name	301001	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval yes no no no no no no no n	rates for special circum increased rates, individ trustees of the district,	stances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and appropriate the series of the	o receive oproved by the	Student Name	School	Grade
District Trustees and the County Transportation Committee.	,		, ,	ŕ	proved by the	Student Name	School	Grade
Students Name			sportation Con	nmittee.	proved by the			
Parent or Guardian Name: (Please Print) Parent Name Name Name Name Name Name Name Name			□ no			Student Name	School	Grade
Greta Gardner Physical Address (street address only): Distance from home to nearest school (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 4 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 4 HS 0 Contract is for one-way only Sudents in Each Grase Level - Only include the students to be covered by this contract. Pre-K Total Total Total Total Total COUNTY SUPERINTENDERS. Send original to County Supt by July 1, retain a copy for your files. COUNTY SUPERINTENDERS. Send original to OPI by July 10, retain a copy for your files. COUNTY SUPERINTENDERS. Send original to OPI by July 10, retain a copy for your files. Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) and school district (district name)							ACT IS FOR:	
Physical Address (street address only): Statement of the contract: 1st Semester Only 2nd Semester O	Parent or Guardian	Name: (Pleas	e Print)				er Only	r Only Both Semesters
Ist Semester Only 2nd Semester Only Both Semester	Greta Gardner					Pre_kindergarte	en/Kindergarten	
Distance from home to nearest school (one way) Elementary 0	Physical Address (st	treet address	only):					r Only Both Semesters
Distance from home to nearest school (one way) Elementary 0						KINDERGART	EN/PREKINDERGARTEN	:
Students in Each Grade Level - Only include the students to be covered by this contract. Contract is for one-way only			chool (one wa	ay)		Kindergarten by this contra	child rides <u>with</u> other sch	ool-age students also covered
Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K Total Total Total Total Total Total Regular Trans Spec. Ed. Contingency Spec. Ed. Contingency Spec. Ed. Contin. Spec. Ed. Contingency Spec. Ed. Contingency Spec. Ed. Contin. Spec. Ed. Contingency Spec. Ed. Contingency			ıs stop, if an	y (one way)		Kindergarten To or from Bus	child rides <u>without</u> other s Stop times per d	school-age students: day, days per week
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg., Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name) The parent shell transfort of the students (s) the specific for the students (s) was transported for the past semester. 1. The parent shell transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually cocurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date Agreement between parent (parent name)	□ Contract is for or	ne-way only					ooi times per c	lay, days per week
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parties spice as follows: 2. In March and June, the District shall pay the parent the sum officially approved in the application by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall transport and prompted on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. Blue Creek Elem Date Date	Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	is contract.	Deadlines:	ue to School Clerk June 1	
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (district name) County name The parties agree as follows: The parties sagree as follows: The parties sagree as follows: The parties thait transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. The parties and the provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. Elementary School District Chair, Board of Trustees Date I attest that the above information is true and correct.		-			_	CLERKS: Ser		y July 1, retain a copy for your
Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)	Regular Trans							
Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school were or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Blue Creek Elem High School District Chair, Board of Trustees I attest that the above information is true and correct.	Spec. Ed. Trans							riginal to OPI by July 10, retain a
Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school were or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Blue Creek Elem High School District Chair, Board of Trustees I attest that the above information is true and correct.	Room & Board					., ,	REIMBURSEMEN	IT RATE
Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name)								
Agreement between parent (parent name)	_							
Agreement between parent (parent name)	•							
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	Spec. Ed. Contin.						20-10-142, MO	CA.
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.								
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	Agraement between	naront (naro	ot nama)			and achool die	etriet (dietriet name)	
The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	Agreement between	i parent (parei	it riairie)			 	,	,
insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	The parties agree as follow				•		` '	
transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	insured driver will tr	ansport the stude	nts. Mileage cor	ntracts are valid o	only when transportati	on for the distance reported of	on the contract actually occurs.	
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District	transported for the	past semester.		•				the number of days the student(s) was
Blue Creek Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	 This contract shall to 	terminate at the er	nd of the school	year or when the	student(s) is no longe	142, MCA, and the information er enrolled in school, whichev	n accompanying this contract. er occurs first.	
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.		District	Chair, Boa	ard of Truste	es			Date
			Chair, Boa	ard of Truste	es			Date
			<u> </u>	I attes	t that the above	information is true and	d correct.	
	Signature - Parent or	Guardian		. 21.30				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	Helena, MT 59620-2501 Due to School Clerk June 1								
Elementary District Resp	onsible for Re	imbursing the	Contract			County		Legal Entity	
Blue Creek Elem						Yellowstone		0968	
High School or K-12 Dist		le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared □ yes □ no	d between ele	ementary ar	nd high school	ol?					
Are you applying for i	solation statu	us? □ Yes	□ No		Stuc	lent Name	School	Grade	_
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142. MCA	. provides for	increased rein	nbursement	Otac	ient ivanie	CCHOOL	Grade	C
rates for special circums increased rates, individu trustees of the district, th Public Instruction. (10.7.	tances of isola al circumstanc le county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	lent Name	School	Grade	e e
Check here only if increa	sed payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	e e
Elem District Approval HS District Approval	□ yes □		itials			lent Name	School	Grade	e e
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian N	ame: (Please	e Print)				st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters	
James Becker Physical Address (str	eet address	only):				kindergarten/Kinder st Semester Only		<i>y</i> □ Both Semesters	
Distance from home to Elementary 6.5 Distance from home to Elementary 0 Contract is for one Students in Each Grade Lew Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 so nearest bu HS 0 e-way only	s stop, if an	y (one way) De covered by thi 1-8 Total	9-12 Total	Mine To co T	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from Bus Stop or from Bus Stop or from Bus Stop or from School adlines: RENTS: Due to Scho RKS: Send original of for your files. RE RE RE RE RE RE RE RE RE R	times per day,times per day,	days per week da	k k k k
insured driver will tra 2. In March and June, the transported for the pa 3. The payment shall be	sport or provide to sport the studer ne District shall p ast semester. e computed on the rminate at the en	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinafor and from the school only when transportation or the application of the	ter referred or bus stop on on for the dista ation upon certi 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ing this contract.	an assures that a licensed and other of days the student(s) was	,
High School District		Chair, Boa	ard of Trustee	es				Date	
		<u> </u>	I attest	that the above i	information	is true and correct.		l	
Signature - Parent or G	iuardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620)-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Blue Creek Eler	n					Yellowstone		0968
High School or K-12 D		ble for Reimbur	sing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	lementary an	d high schoo	ol?				
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attack ISOLATION: Section 2)	n explanation) 20-10-142, MCA) A, provides for	increased rein	nbursement	0.00		33.133.	0.000
rates for special circum increased rates, individual trustees of the district,	lual circumstand	ces must be rev	viewed and ap	proved by the	Stud	ent Name	School	Grade
Public Instruction. (10.					Stude	ent Name	School	Grade
Check here only if incre District Trustees and the		sportation Com		proved by the				
Elem District Approval HS District Approval		□ no			Stud	ent Name	School	Grade
County Approval	□ yes	□ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 st Semester Only	□ 2nd Semester Onl	y Both Semesters
Jennifer Greenv					Pre-l	kindergarten/Kinder	garten	
Physical Address (s	treet address	only):			□ 18	st Semester Only	☐ 2nd Semester Onl	y Both Semesters
					KINE	ERGARTEN/PRE	KINDERGARTEN:	
Distance from home Elementary 5.6	to nearest so	chool (one wa	ıy)		by th	is contract:		age students also covered days per week
Distance from home Elementary 0		us stop, if any	(one way)		To or Kind	from Schoolergarten child ride	times per day, _ es <u>without</u> other scho	days per week
□ Contract is for o	ne-way only				To o	from School	times per day,	days per week
Students in Each Grade Le	, ,	the students to b	e covered by thi	s contract.	Dea	dlines:		
	Pre-K	К	1-8	9-12	PAR	ENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total		RKS: Send original	to County Supt by Jul	y 1, retain a copy for your
Regular Trans					files.	NTY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans						for your files.	DENTO: Ocha origina	The of They study To, Telain a
Room & Board							IMBURSEMENT Rarict, county and OPI	
Correspondence						(i oi diot	not, county and or r	doc omy)
Reg. Contingency						Reimb	ursement rate is deterr	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	parent (pare	nt name)			, and	school district (distr	rict name)	,
(county name)			(County, hereinat	ter referred	to as the District(s).		
	insport or provide							lian assures that a licensed and
In March and June,	the District shall p					ce reported on the contract cation by the teacher or p		mber of days the student(s) was
	be computed on the					ne information accompany		
Elementary School			rd of Truste			,		Date
Blue Creek Elem High School District		Chair, Boa	rd of Truste	es				Date
			I attest	that the above	information	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Di	ie to School (Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		Co	ounty		Legal Entity	
Blue Creek Elen	n				Y	ellowstone		0968	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Con	tract	Co	ounty		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach			□ No		Studen	t Name	School		Grade
ISOLATION: Section 2	20-10-142, MCA	, provides for							
rates for special circum increased rates, individ trustees of the district,	lual circumstand	es must be re	viewed and a	oproved by the	Student	t Name	School		Grade
Public Instruction. (10.7				0 011100 01	Studen	t Name	School		Grade
Check here only if incre District Trustees and th				proved by the	Studen	i ivaille	301001		Grade
Elem District Approval	□ yes	In □ no	itials		Student	t Name	School		Grade
HS District Approval County Approval		□ no □ no			THIS C	ONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 Semester Only	□ 2nd Semester Onl	v 🛛 Both Se	mesters
Jonathon K. Red	dfield					dergarten/Kinder		,	
Physical Address (st	treet address	only):					2nd Semester Only	y 🛛 Both Se	mesters
							KINDERGARTEN:		
Distance from home		hool (one wa	ay)		by this	contract:	es with other school-a	_	
Elementary 4.5	HS 0				To or fr	om Bus Stop	times per day, _ times per day, _	day	s per week
Distance from home Elementary 0	to nearest bu HS 0	is stop, if an	y (one way)		Kinder	garten child ride	es <u>without</u> other scho times per day, _ times per day, _	ol-age studen	ts:
□ Contract is for or	ne-way only				To or fr	om School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Dead!		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK		I to County Supt by Jul	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						FY SUPERINTEN r your files.	IDENTS: Send origina	ıl to OPI by Jul	/ 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parei	nt name)			, and so	chool district (dist	rict name)		,
(county name) The parties agree as follow	10:			County, hereinat	fter referred to	as the District(s).			
 The parent shall tra 	nsport or provide t					days when school is in	session. The parent or guard	ian assures that a li	censed and
In March and June, transported for the page 1.	the District shall p past semester.	ay the parent th	e sum officially a	pproved in the applica	ation upon certificati	ion by the teacher or p	rincipal of the school of the nu	mber of days the stu	dent(s) was
 This contract shall t 	terminate at the er	d of the school	year or when the	student(s) is no longe		nformation accompany I, whichever occurs firs		I D-r	
Elementary School I Blue Creek Elem		Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
		<u> </u>	I attes	t that the above	information is t	true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	Helena, MT 59620-2501 Due to School Clerk June 1							
Elementary District Resp	onsible for Re	imbursing the	Contract			County	I	Legal Entity
Blue Creek Elem						Yellowstone		0968
High School or K-12 Dist		ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared □ yes □ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for i	solation statu	us? □ Yes	□ No		Stuc	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 20	explanation)	nrovides for	increased rein	nbursement	Stuc	ient name	301001	Grade
rates for special circums increased rates, individu trustees of the district, th Public Instruction. (10.7.	tances of isola al circumstanc ne county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap imittee, and the	o receive proved by the	Stud	lent Name	School	Grade
Check here only if increa	sed payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval	□ yes □		itials		Stuc	lent Name	School	Grade
County Approval	□ yes □	no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian N	ame: (Please	e Print)				st Semester Only	□ 2nd Semester Only	y Both Semesters
Juli McNeil Physical Address (str	eet address	only):				kindergarten/Kinder st Semester Only		y □ Both Semesters
					KIN	DERGARTEN/PREI	(INDERGARTEN:	
Distance from home t Elementary 5.1	o nearest sc HS 0	hool (one w	ay)		Kind by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	days per week days per week days per week
Distance from home t Elementary 0	to nearest bu HS 0	is stop, if an	y (one way)		Kind	dergarten child ride	es without other scho	ol-age students: days per week days per week
□ Contract is for one	e-way only				100	or from School	times per day, _	days per week
Students in Each Grade Leve	el - Only include	the students to I	be covered by this	s contract.	Dea	adlines: RENTS: Due to Sch	aal Clark luna 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	RKS: Send origina		y 1, retain a copy for your
Regular Trans					files			
Spec. Ed. Trans						JNTY SUPERINTEN / for your files.	IDENTS: Send origina	Il to OPI by July 10, retain a
Room & Board							EIMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20 10 112, 11071.	
Agreement between p	parent (parer	nt name)			, and	d school district (dist	rict name)	,
(county name)			(County hereinaf	ter referred	to as the District(s).		
The parties agree as follows		ransportation fo		•				ian assures that a licensed and
insured driver will tra	nsport the studer	nts. Mileage cor	ntracts are valid o	nly when transportati	on for the dista	nce reported on the contra	ct actually occurs.	mber of days the student(s) was
transported for the pa 3. The payment shall be	ast semester. e computed on th	e basis of the so	chedule establish	ed in Section 20-10-1	142, MCA, and	the information accompany	ving this contract.	
	rminate at the en	d of the school		student(s) is no longe		thool, whichever occurs first		Date
Blue Creek Elem	-	,						
High School District		Cnair, Boa	ard of Trustee	es				Date
			l attest	that the above	information	is true and correct.		
Signature - Parent or G	uardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620-2501 Due						ol Clerk June 1				
Elementary District Responsible for Reimbursing the Contract						County		Legal Entity		
Blue Creek Elem						Yellowstone		0968		
High School or K-12 District Responsible for Reimbursing the Contract						County		Legal Entity		
Is this contract shared between elementary and high school? ☐ yes ☐ no										
Are you applying for isolation status? ☐ Yes ☐ No						lent Name	School	Grade		
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement						ient name	School	Graue		
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						lent Name	School	Grade		
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						lent Name	School	Grade		
Elem District Approval					Stud	lent Name	School	Grade		
County Approval						THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian Name: (Please Print)						☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Julie Blain Physical Address (street address only):						Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
					KINDERGARTEN/PREKINDERGARTEN:					
Distance from home to nearest school (one way) Elementary 5 HS 0					Kindergarten child rides <u>with</u> other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week					
Distance from home to nearest bus stop, if any (one way) Elementary ${\bf 0}$ HS ${\bf 0}$					Kind	Kindergarten child rides <u>without</u> other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week				
□ Contract is for one-way only To or from School times per day, days per week										
Students in Each Grade Level - Only include the students to be covered by this contract. Deadlines: PARENTS: Due to School Clerk June 1.										
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for your					
Regular Trans					files					
Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.					
Room & Board						REIMBURSEMENT RATE				
Correspondence						(For district, county and OPI use only)				
Reg. Contingency						Reimb	ursement rate is determ	nined by		
Spec. Ed. Contin.							20-10-142, MCA.			
Agreement between parent (parent name), and school district (district name),										
(county name) County, hereinafter referred to as the District(s). The parties agree as follows:										
 The parent shall tra 	insport or provide t							ian assures that a licensed and		
In March and June, transported for the	insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.									
 The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. 										
Elementary School District Chair, Board of Trustees Blue Creek Elem								Date		
High School District Chair, Board of Trustees						Date				
I attest that the above information is true and correct.										
Signature - Parent or Guardian Date										
-										

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	_	Legal Entity		
Blue Creek Eler	n					Yellowstone		0968		
High School or K-12 D		ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share	ad batwaan al	omontory or	d high coho	N2						
	ea between ei	ementary ar	ia nign schoo	JI ?						
Are you applying for	isolation statu	us? □ Yes	□ No		Stuc	lent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation)	nrovides for	increased rein	nhursement	7	ent Name	301001		Grade	
rates for special circum	nstances of isola	tion of resider	nce. In order to	o receive	Stuc	lent Name	School		Grade	
increased rates, individe trustees of the district,	the county trans	portation com	mittee, and the		State	ent Name	301001		Grade	
Public Instruction. (10.	7.116 ARM prov	ides guideline	s for such.)		Stuc	ent Name	School		Grade	
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the		icht Hame	Concor		Grade	
		In	tials		Stuc	ent Name	School		Grade	
Elem District Approval HS District Approval		□ no □ no							Grade	
County Approval		□ no				THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Name: (Please	e Print)				st Semester Only	□ 2nd Semester On	ly □ Both Se	emesters	
Karen Krebill					Pre-	kindergarten/Kinder	narten			
Physical Address (s	treet address	only):					☐ 2nd Semester On	ly □ Both Se	emesters	
					KINI	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home	4	l 1 / · · · ·			Kind	lergarten child ride	es with other school-	age students a	lso covered	
Distance from home Elementary 0	to nearest sc HS 0	nooi (one wa	ay)		by t	his contract:	times per day, _	day	s ner week	
Distance from home to nearest bus stop, if any (one way)					To o	r from School	times per day,	day	s per week	
Elementary 6.7	to nearest bu HS 0	is stop, if an	y (one way)		Kind	lergarten child ride	es <u>without</u> other scho	ool-age studen	ts: s ner week	
					To o	r from School	times per day,	day	s per week	
□ Contract is for o	, ,				Dog	adlines:				
Students in Each Grade Le	evel - Only include	the students to t	be covered by thi	s contract.	PAR	ENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	DVC. Cand ariginal	I to County Cunt by Jul	lu 1 rotoin o oo	nu for vour	
	Total	Total	Total	Total	files		to County Supt by Jul	iy 1, letalii a co	py ioi youi	
Regular Trans					COL	INTV CUDEDINTER	IDENTS: Send origina	al to ODI by July	v 10 rotoin a	
Spec. Ed. Trans						for your files.	IDENTS. Send ongine	ai to OPI by July	y 10, letaill a	
Room & Board						RE	EIMBURSEMENT R	ΔΤΕ		
rtoom a board							rict, county and OPI	—		
Correspondence						,		• •		
Reg.						 Reimhi	ursement rate is deteri	mined by		
Contingency Spec. Ed. Contin.						1.01115	20-10-142, MCA.			
opco. La. Contin.										
Agreement between	parent (parer	nt name)			, and	school district (district)	rict name)		,	
(county name)			(County hereina	ofter referred	to as the District(s).				
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	dian assures that a li	consed and	
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	tion for the distar	nce reported on the contract				
transported for the	past semester.		•		·	the information accompany	•	amper of days the Stt	aconto, was	
This contract shall	terminate at the en	d of the school y	ear or when the	student(s) is no long		the information accompany hool, whichever occurs firs		T. 6.		
Elementary School I Blue Creek Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County		Legal Entity
Blue Creek Eler	n					Yellowstone		0968
High School or K-12 D		le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be revi sportation comm	e. In order to sewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Doth Semesters
Kathy Hobza Physical Address (s	troot addroos	only ():				-kindergarten/Kinder		
Physical Address (s	treet address	oriiy).			□ 1	st Semester Only	□ 2nd Semester On	ly Both Semesters
Distance from home Elementary 4.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kin by to Too Kin Too Co	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA REA REA REA REA REA REA RE	times per day, times	days per week days per week days per week ly 1, retain a copy for your al to OPI by July 10, retain a ATE I use only)
Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th	ransportation for the state of the parent the state basis of the school ye	he student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportatic pproved in the applica and in Section 20-10-1 student(s) is no longe	ter referred or bus stop or on for the dista tion upon cert 42, MCA, and	nce reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the ning this contract.	dian assures that a licensed and umber of days the student(s) was
Elementary School Blue Creek Elem	District	Chair, Boar	d of Truste	es				Date
High School District		Chair, Boar	d of Truste	es				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	0-2501		Du	ie to Schoo	ol Clerk June 1		
Elementary District Res	sponsible for R	eimbursing the	Contract			County		Legal Entity
Blue Creek Elen	n					Yellowstone		0968
High School or K-12 Di		ble for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract share □ yes □ no	ed between e	lementary ar	d high scho	ol?				•
Are you applying for			□ No		Stud	ent Name	School	Grade
(If yes, please attack ISOLATION: Section 2			increased reir	mbursement		che radiile	Conoci	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	lual circumstan the county tran	ces must be re sportation com	viewed and apmittee, and th	oproved by the	Stud	ent Name	School	Grade
Check here only if incre	·	J	ŕ	onroved by the	Stud	lent Name	School	Grade
District Trustees and th		sportation Con		pproved by the				
Elem District Approval	•	□ no			Stud	ent Name	School	Grade
HS District Approval County Approval		□ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	se Print)				des 1-12 st Semester Only	☐ 2nd Semester Only	y Both Semesters
Kelli M. Roberts					Pre-	kindergarten/Kinder	garten	
Physical Address (s	treet address	only):						y Both Semesters
						DERGARTEN/PRE		
Distance from home Elementary 6.2	to nearest so HS 0	chool (one wa	ay)		by tl	his contract:	· 	age students also covered days per week
Distance from home Elementary 0	to nearest b	us stop, if an	y (one way)		To o Kin o	r from School dergarten child ride	times per day, _ es without other scho	days per week
☐ Contract is for or	ne-way only				То о	r from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.		adlines: ENTS: Due to Sch	aal Clark Juna 1	
	Pre-K	_K	_1-8	9-12				
	Total	Total	Total	Total	CLE files.		I to County Supt by July	y 1, retain a copy for your
Regular Trans					COL	INTV SUDEDINTEN	IDENTS: Send origina	ıl to OPI by July 10, retain a
Spec. Ed. Trans						for your files.	DENTO. Send ongina	ii to Oi i by July 10, letaili a
Room & Board						RE	EIMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.							,	
Agreement between	parent (pare	nt name)			, and	school district (dist	rict name)	,
(county name)				County, hereinaf	fter referred	to as the District(s).		
	insport or provide							ian assures that a licensed and
	the District shall					nce reported on the contra fication by the teacher or p		mber of days the student(s) was
The payment shall	be computed on t					the information accompany		
Elementary School I Blue Creek Elem			ard of Truste			,		Date
High School District		Chair, Boa	ard of Truste	es				Date
			Lotton	t that the above	information	is true and correct		
Signature - Parent or	Guardian		ı attes	t that the above	iniormation	is true and correct.	Date	
	- 441 41411							

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County	-	Legal Entity	
Blue Creek Eler	n					Yellowstone		0968	
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stud	ent Name	School		Grade
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	ent Name	School		Grade
Public Instruction. (10.	·	J	,		Stuc	ent Name	School		Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Student Name School Grade				
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Parent or Guardian Name: (Please Print)						□ 2nd Semester Onl	y □ Both Sei	mesters
Kim Stoltenberg					Pre-	kindergarten/Kinder	narten		
Physical Address (s	treet address	only):					2nd Semester Onl	y 🗆 Both Sei	mesters
						DERGARTEN/PREM			
Distance from home Elementary 8	to nearest so	hool (one wa	ay)		bv t	nis contract:	es <u>with</u> other school-a	_	
Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0				Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:	
□ Contract is for o	ne-way only				Тоо	r from School	times per day, _	days	s per week
Students in Each Grade Le		the students to b	be covered by thi	is contract.		adlines:			
	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Scho	ool Clerk June 1.		
Do mulan Trans	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	y for your
Regular Trans Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	IDENTS: Send origina	al to OPI by July	10, retain a
Room & Board						,	IMBURSEMENT RA	ATF	
Correspondence							rict, county and OPI		
Reg. Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	mined by	
Spec. Ed. Contin.							20-10-142, WCA.		
Agreement between	n parent (parei	nt name)			, and	school district (distr	rict name)		, , , , , , , , , , , , , , , , , , ,
(county name)			(County, hereina	ifter referred	to as the District(s).			
The parties agree as follow 1. The parent shall tra	ansport or provide t						session. The parent or guard	dian assures that a lic	ensed and
In March and June,	, the District shall p					nce reported on the contraction by the teacher or proceedings of the contraction by the teacher or proceedings are contracted as the contracted are contracted as the	ct actually occurs. rincipal of the school of the nu	mber of days the stu	dent(s) was
transported for the 3. The payment shall 4 This contract shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10-	-142, MCA, and the enrolled in so	the information accompany hool, whichever occurs firs	ing this contract.		
Elementary School			ard of Truste		ger emoned III SC	noon, windhever occurs IIIS	L.	Date	
Blue Creek Elem High School District		Chair, Boa	ard of Truste	es				Date	
Signature - Daront or	Guardian		I attes	t that the above	intormation	is true and correct.	Date		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	x 202501 a, MT 59620	-2501				ol Clerk June 1		
Elementary District Resp	onsible for Re	eimbursing the	Contract			County		Legal Entity
Blue Creek Elem						Yellowstone		0968
High School or K-12 Dist		ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?				
Are you applying for i			□ No		Stud	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	A, provides for	increased reir	nbursement	0,00	5.11 · 14.11.5	33.133.	0.440
rates for special circums increased rates, individu-trustees of the district, the public leading (40.7).	al circumstand e county trans	ces must be re sportation com	viewed and apmittee, and the	proved by the	Stud	ent Name	School	Grade
Public Instruction. (10.7.		J	ŕ		Stud	ent Name	School	Grade
Check here only if increa District Trustees and the		portation Con	mittee.	proved by the				
Elem District Approval		□ no	itials		Stud	ent Name	School	Grade
HS District Approval County Approval	,	□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian N	ame: (Pleas	e Print)				les 1-12 st Semester Only	□ 2nd Semester Onl	y Both Semesters
Laura Malcomsor	n				Pre-	kindergarten/Kinder	narten	
Physical Address (stre	eet address	only):			□ 1:	st Semester Only	☐ 2nd Semester Onl	y Both Semesters
					KINI	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home t Elementary .5	o nearest so	hool (one wa	ay)		by tl	nis contract:		age students also covered days per week
Distance from home t Elementary 0	o nearest bu HS 0	ıs stop, if an	y (one way)		To o Kino To o	r from School lergarten child ride r from Bus Stop	times per day, _ s <u>without</u> other scho times per day, _	days per week ol-age students: days per week
□ Contract is for one	e-way only				Тоо	r from School	times per day, _	days per week
Students in Each Grade Leve	el - Only include	the students to b	be covered by thi	s contract.	Dea	ndlines:	101 1 1	
Г	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files.		to County Supt by Jul	y 1, retain a copy for your
Regular Trans							IDENTS: Sond origins	al to OPI by July 10, retain a
Spec. Ed. Trans						for your files.	IDEN 13. Sena ongma	into OF1 by July 10, letaill a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Daimh	ursement rate is detern	ningd by
Contingency Spec. Ed. Contin.						Reimb	20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement between p	parent (parei	nt name)			, and	school district (dist	rict name)	······································
(county name) The parties agree as follows:				County, hereinaf	ter referred	to as the District(s).		
The parent shall trans	sport or provide t					the days when school is in		lian assures that a licensed and
 In March and June, the transported for the particle. 	ne District shall past semester.	ay the parent the	e sum officially a	pproved in the applica	ation upon certif	ication by the teacher or p	rincipal of the school of the nu	mber of days the student(s) was
 This contract shall ter 	rminate at the er	d of the school	ear or when the	student(s) is no longe		he information accompany hool, whichever occurs firs		T = .
Elementary School Di Blue Creek Elem	istrict	Chair, Boa	ard of Truste	es				Date
High School District		Chair, Boa	ard of Truste	es				Date
			l attes	t that the above	information	is true and correct.		<u> </u>
Signature - Parent or G	uardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620)-2501		Du	e to Schoo	l Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Blue Creek Eler	n					Yellowstone		0968
High School or K-12 D		ole for Reimbur	rsing the Cont	tract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attac ISOLATION: Section			increased reir	mbursement	Otadi	one realine	CCHOOL	Clade
rates for special circun increased rates, individ	dual circumstand	ces must be rev	viewed and ap	oproved by the	Stude	ent Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of	-			
Check here only if incr District Trustees and the				proved by the	Stude	ent Name	School	Grade
Elem District Approval		□ no	tials		Stude	ent Name	School	Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 t Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Leslie Clark					Pre-k	indergarten/Kinder	parten	
Physical Address (s	treet address	only):						/ □ Both Semesters
						ERGARTEN/PRE		
Distance from home Elementary 5	e to nearest so HS 0	chool (one wa	ay)		by th	is contract:		ge students also covered days per week
Distance from home		us stop, if any	(one way)		To or Kind	from School ergarten child ride	times per day, _ s without other school	days per week ol-age students:
Elementary 0	HS 0				To or To or	from Bus Stop from School	times per day, _ times per day.	days per week days per week
□ Contract is for o	, ,							
Students in Each Grade Lo				, <u>,</u>		dlines: E NTS : Due to Scho	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLEI files.	RKS: Send original	to County Supt by July	/ 1, retain a copy for your
Regular Trans						NTV CUDEDINTEN	IDENTS. Conductions	I to ODI by July 10 retain a
Spec. Ed. Trans						for your files.	iden13: Send origina	I to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Reimhi	ursement rate is determ	nined by
Contingency Spec. Ed. Contin.						rembe	20-10-142, MCA.	inica by
opoc. Lu. comm.								
Agreement betweer	n parent (parei	nt name)			, and	school district (disti	rict name)	,,
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred	to as the District(s).		
insured driver will t	ransport the stude	nts. Mileage conf	tracts are valid	only when transportation	on for the distan	ce reported on the contract	et actually occurs.	an assures that a licensed and
transported for the	past semester.					cation by the teacher or posterior by the information accompany		nber of days the student(s) was
	terminate at the er	nd of the school y		student(s) is no longe		ool, whichever occurs firs		Date
Blue Creek Elem		,						
High School District		Chair, Boa	rd of Truste	es				Date
		<u> </u>	l attes	t that the above i	information i	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County	,	Legal Entity	
Blue Creek Elen	n					Yellowstone		0968	
High School or K-12 Di	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high school	ol?					
Are you applying for (If yes, please attach			□ No		Stud	lent Name	School		Grade
ISOLATION: Section 2	20-10-142, MCA	, provides for							
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	ual circumstand the county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Stud	ent Name	School		Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap	proved by the	Stud	ent Name	School		Grade
Elem District Approval	-	Ini	tials		Stud	lent Name	School		Grade
HS District Approval	□ yes □	no			THIS	S CONTRACT IS FO	NR·		
County Approval Parent or Guardian I		noe Print)			Grad	des 1-12		b	4
Lisa A. Silsbee	•	ŕ				st Semester Only	□ 2nd Semester On	ly ☐ Both Semes	ters
Physical Address (st	reet address	only):				kindergarten/Kinderg st Semester Only	garten □ 2nd Semester On	ly Both Semes	ters
					<u>KINI</u>	DERGARTEN/PREM	(INDERGARTEN: es with other school-	ago etudonte alco (covered
Distance from home Elementary 0	to nearest so HS 0	hool (one wa	ay)		by tl To o	his contract: r from Bus Stop	times per day,	days per	week
Distance from home Elementary 4	is stop, if any	y (one way)		To o Kinc	r from School lergarten child ride	times per day, s without other scho	days per ool-age students:	week	
□ Contract is for or	ne-way only				Тоо	r from School	times per day,	days per	week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	is contract.	Dea	adlines:			
	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files.		to County Supt by Ju	ly 1, retain a copy fo	r your
Regular Trans					COL	INTY SUPERINTEN	IDENTS: Send origin	al to OPI by July 10	retain a
Spec. Ed. Trans						for your files.	DENTO: Ocha ongmi	ar to Or 1 by odry 10,	rctaiir a
Room & Board							IMBURSEMENT R		
Correspondence						(For dist	rict, county and OP	l use only)	
Reg.						Dairek.	ursement rate is deter	main and have	
Contingency Spec. Ed. Contin.						Reillibi	20-10-142, MCA.	mined by	
opeo. La. contin.									
Agreement between	parent (parer	nt name)			, and	l school district (distr	rict name)		,
(county name) The parties agree as follow				3 ,		to as the District(s).			
insured driver will tr	ansport the studer	nts. Mileage con	tracts are valid o	only when transportati	on for the distar	nce reported on the contract			
transported for the	past semester.	•	•		·	ication by the teacher or protection by the information accompany	rincipal of the school of the nuring this contract.	uniber of days the student(s	i) was
	erminate at the en	d of the school y		student(s) is no longe		hool, whichever occurs firs		Date	
Blue Creek Elem High School District		,	ard of Truste					Date	
		J.Idii, 1500						24.5	
Simpature 5	0		I attes	t that the above	information	is true and correct.	Deta		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620)-2501		Du	e to School Clerk	June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County			Legal Entity
Blue Creek Eler	n				Yellov	wstone		0968
High School or K-12 D		ole for Reimbur	sing the Cont	tract	County	WOTOTIC		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary and	d high scho	ol?				
Are you applying for	r isolation stat	us? 🗆 Yes	□ No		Student Nan		School	Grade
(If yes, please attac			increased reir	mbursement	Ctudent Hun		0011001	Ciudo
rates for special circum increased rates, individual trustees of the district,	dual circumstand	ces must be rev	viewed and ap	oproved by the	Student Nan	ne	School	Grade
Public Instruction. (10.)	·	, and the second	ŕ		Student Nan	ne	School	Grade
Check here only if incre District Trustees and the		sportation Com	mittee.	pproved by the				
	Initials lem District Approval yes no				Student Nan	пе	School	Grade
County Approval	□ yes	□ no			THIS CONT		DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Seme		□ 2nd Semester Only	□ Both Semesters
Michelle Henne					Pre-kinderga	arten/Kinder	garten	
Physical Address (s	treet address	only):			☐ 1st Seme	ster Only	□ 2nd Semester Only	□ Both Semesters
							(INDERGARTEN:	ge students also covered
Distance from home Elementary 3.1	e to nearest so HS 0	hool (one wa	ıy)		by this cont To or from B	ract: us Stop	times per day,	days per week
Distance from home Elementary 0	e to nearest bu HS 0	ıs stop, if any	(one way)		To or from S Kindergarte	chool n child ride	times per day, _ es without other schoo	days per week ol-age students: days per week days per week days per week
□ Contract is for o	ne-way only				To or from S	chool	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.	Deadlines		and Olamba baran 4	
	Pre-K	K	1-8	9-12			ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: S files.	end original	to County Supt by July	1, retain a copy for your
Regular Trans					COUNTY SI	JPFRINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for you			
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Reimhi	ursement rate is determ	ined by
Contingency Spec. Ed. Contin.						TCITIO	20-10-142, MCA.	inica by
Agreement betweer	n parent (parei	nt name)			, and school	district (disti	rict name)	,,
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred to as the	e District(s).		
insured driver will t	ransport the stude	nts. Mileage cont	tracts are valid	only when transportation	on for the distance reporte	d on the contract	ct actually occurs.	an assures that a licensed and
transported for the	past semester.				tion upon certification by t 42, MCA, and the informa			nber of days the student(s) was
 This contract shall 	terminate at the er	nd of the school ye	ear or when the	student(s) is no longe	r enrolled in school, which			Data
Elementary School Blue Creek Elem		,	rd of Truste					Date
High School District		Chair, Boa	rd of Truste	es				Date
		<u> </u>	I attes	t that the above i	nformation is true a	nd correct.		•
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620)-2501		Dι	ie to School Clerk Jur	ne 1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
Blue Creek Eler	n				Yellowsto	ne	0968
High School or K-12 D		ole for Reimbu	rsing the Cont	ract	County	Sile	Legal Entity
Is this contract shar □ yes □ no	ed between el	ementary ar	nd high school	ol?	<u> </u>		
Are you applying for	r isolation stat	us? □ Yes	□ No		Student Name	School	Grade
(If yes, please attac	h explanation)	nrovides for	increased rein	nhursement	Student Name	School	Grade
rates for special circun	nstances of isola	ation of resider	nce. In order to	o receive	Student Name	School	Grade
increased rates, individual trustees of the district,	the county trans	sportation com	mittee, and the		Otadent Name	Concor	Grade
Public Instruction. (10.	·	, ,	ŕ		Student Name	School	Grade
Check here only if incr District Trustees and the				proved by the			
Elem District Approval	-		itials		Student Name	School	Grade
HS District Approval	□ yes □	□ no			THIS CONTRAC	T IS FOR:	
Parent or Guardian					Grades 1-12		- 5 4 6
	•	,			□ 1st Semester	Only 2nd Semester Onl	y Both Semesters
Pamela C. Kem Physical Address (s		oulv).			Pre-kindergarten		v □ Deth Competers
, / (5		oy).			□ TSt Semester	Only 2nd Semester Onl	y 🗆 Both Semesters
						N/PREKINDERGARTEN: nild rides <u>with</u> other school-a	ane students also covered
Distance from home		chool (one wa	ay)		by this contract	:	
Elementary 3.6	HS 0				To or from Bus S To or from School	stop times per day, _ ol times per day, _	days per week days per week
Distance from home Elementary 0	to nearest bu HS 0	us stop, if an	y (one way)		Kindergarten ch	hild rides without other school times per day, times per day, times per day,	ol-age students:
□ Contract is for o	ne-way only				To or from School	ol times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to I	be covered by thi	s contract.	<u>Deadlines:</u>		
	Pre-K	K	1-8	9-12	PARENTS: Due	to School Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send files.	original to County Supt by Jul	y 1, retain a copy for your
Regular Trans							
Spec. Ed. Trans					copy for your file	RINTENDENTS: Send origina s.	al to OPI by July 10, retain a
Room & Board					., ,	REIMBURSEMENT R	ΔTF
					(F	For district, county and OPI	··-
Correspondence							
Reg. Contingency						Reimbursement rate is deterr	mined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement betweer	n parent (parei	nt name)			, and school distr	ict (district name)	······································
(county name) The parties agree as follow	No.		(County, hereinat	ter referred to as the Dis	strict(s).	
 The parent shall tra 	ansport or provide				or bus stop on the days when s on for the distance reported on t	chool is in session. The parent or guard	lian assures that a licensed and
	, the District shall p					acher or principal of the school of the nu	mber of days the student(s) was
The payment shall	be computed on the				142, MCA, and the information a er enrolled in school, whichever		
Elementary School			ard of Truste		S. S. OHOU III SONOOI, WINGIE VE	ooda o mot.	Date
Blue Creek Elem High School District		Chair, Boa	ard of Truste	es			Date
			I attest	that the above	information is true and c	correct.	
Signature - Parent or	Guardian		· <u></u>			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the (Contract			County		Legal Entity
Blue Creek Eler	n					Yellowstone		0968
High School or K-12 D		le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.)	nstances of isola dual circumstance the county trans	tion of residences must be revision comments.	e. In order to sewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incredit in	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
Patricia Becker Physical Address (s						-kindergarten/Kinder		
Physical Address (s	treet address	oriiy).			□ 1	st Semester Only	□ 2nd Semester On	ly Doth Semesters
Distance from home Elementary 7.5 Distance from home Elementary 0 Contract is for or Students in Each Grade Lease Regular Trans Spec. Ed. Trans	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kin by to Too Kin Too Co	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files.	times per day, tool Clerk June 1. to County Supt by Ju	days per week days per week lays per week days per week ly 1, retain a copy for your lal to OPI by July 10, retain a
Room & Board							IMBURSEMENT R rict, county and OP	
Correspondence						(, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	nos, county and cr	. 255 5,
Reg. Contingency Spec. Ed. Contin.						Reimbo	ursement rate is deter 20-10-142, MCA.	mined by
insured driver will t In March and June transported for the The payment shall This contract shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en	ransportation for t tts. Mileage contr ay the parent the te basis of the sch d of the school ye	he student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop or on for the dista tion upon cert 42, MCA, and	nce reported on the contract	session. The parent or guar at actually occurs. incipal of the school of the ni	dian assures that a licensed and umber of days the student(s) was
Elementary School Blue Creek Elem	District	Chair, Boar	d of Truste	es				Date
High School District		Chair, Boar	d of Truste	es				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Res	sponsible for Re	imbursing the	Contract		Co	ounty	1	Legal Entity		
Blue Creek Elen	n				Ye	ellowstone		0968		
High School or K-12 Di	istrict Responsit	ole for Reimbu	rsing the Con	tract	Co	ounty		Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?						
Are you applying for			□ No		Student	Name	School		Grade	
(If yes, please attach	20-10-142, MCA	A, provides for								
rates for special circum increased rates, individ trustees of the district,	lual circumstand	es must be re	viewed and a	oproved by the	Student	Name	School		Grade	
Public Instruction. (10.7				0 011100 01	Student	Name	School		Grade	
Check here only if incre District Trustees and th				proved by the	Student	Name	School		Grade	
Elem District Approval	□ yes	In □ no	itials		Student	Name	School		Grade	
HS District Approval County Approval		□ no □ no			THIS CO	ONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 emester Only	□ 2nd Semester Onl	v □ Both Se	mesters	
Rhonda L. Mego	orden					lergarten/Kinder		,		
Physical Address (st		only):					2nd Semester Only	y 🛛 Both Se	mesters	
							KINDERGARTEN:			
Distance from home		hool (one w	ay)		by this	contract:	es with other school-a			
Elementary 5	,						times per day, _	day	s per week s per week	
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kinderg To or fro	garten child ride	times per day, _es <u>without</u> other scho times per day, _ times per day, _	ol-age studen	ts: s per week	
□ Contract is for or	ne-way only				lo or fro	om School	times per day, _	day	s per week	
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	<u>Deadli</u> PAREN		ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK		to County Supt by Jul	y 1, retain a co	py for your	
Regular Trans					files.					
Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	al to OPI by July	/ 10, retain a	
Room & Board							EIMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.								<u> </u>		
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement between	parent (parei	nt name)			, and scl	hool district (dist	rict name)		,	
(county name) The parties agree as follow	vs:			County, hereinat	fter referred to a	as the District(s).				
The parent shall tra insured driver will tr	insport or provide transport the studer	nts. Mileage cor	ntracts are valid of	only when transportati	on for the distance re	eported on the contra	session. The parent or guard ct actually occurs.			
transported for the	past semester.			pproved in the application and in Section 20-10-7			rincipal of the school of the nur	mber of days the stu	dent(s) was	
	terminate at the er	d of the school		student(s) is no longe				Date		
Blue Creek Elem		,								
High School District		Chair, Boa	ard of Truste	es				Date		
			l attes	t that the above	information is tr	rue and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620)-2501	Due	to School Clerk June 1	
Elementary District Responsible for Re	eimbursing the Contract		County	Legal Entity
Blue Creek Elem			Yellowstone	0968
High School or K-12 District Responsi	ble for Reimbursing the Con	tract	County	Legal Entity
Is this contract shared between e □ yes □ no	lementary and high scho	ool?	<u> </u>	
Are you applying for isolation stat	us? □ Yes □ No		Student Name Scho	ool Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MC/) A. provides for increased rei	mbursement	Student Name Sch	ooi Grade
rates for special circumstances of isola increased rates, individual circumstant trustees of the district, the county transpublic Instruction. (10.7.116 ARM prov	ation of residence. In order ces must be reviewed and a sportation committee, and the	to receive pproved by the	Student Name Scho	ool Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been a	pproved by the	Student Name Scho	ool Grade
Elem District Approval □ yes	Initials □ no □ no		Student Name Scho	ool Grade
County Approval	□ no		THIS CONTRACT IS FOR: Grades 1-12	
Parent or Guardian Name: (Pleas	e Print)			emester Only Both Semesters
Robert & Loretta Lowe Physical Address (street address	only):		Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Se	emester Only Both Semesters
Distance from home to nearest so Elementary 4.5 HS 0 Distance from home to nearest be Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	the students to be covered by the Total Total	9-12 Total	by this contract: To or from Bus Stop time To or from School time Kindergarten child rides without To or from Bus Stop time To or from Bus Stop time To or from School time Deadlines: PARENTS: Due to School Clerk Ji CLERKS: Send original to County files. COUNTY SUPERINTENDENTS: Scopy for your files. REIMBURS (For district, count Reimbursement re 20-10-1	days per week other school-age students: es per day, days per week days per we
insured driver will transport the stude 2. In March and June, the District shall transported for the past semester. 3. The payment shall be computed on the transported for the payment shall be computed on the transported shall terminate at the end of the transport of the transp	transportation for the student(s) ints. Mileage contracts are valid pay the parent the sum officially and the basis of the schedule established of the school year or when the Chair, Board of Truste	County, hereinafter to and from the school or only when transportation approved in the application the din Section 20-10-142 estudent(s) is no longer dees	er referred to as the District(s). If the distance reported on the contract actually occur on upon certification by the teacher or principal of the second on the information accompanying this contract enrolled in school, whichever occurs first.	parent or guardian assures that a licensed and urs. school of the number of days the student(s) was
High School District	Chair, Board of Truste	ees		Date
	I attes	st that the above in	formation is true and correct.	
Signature - Parent or Guardian			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity		
Blue Creek Eler	n					Yellowstone		0968		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?						
Are you applying for			□ No		Stud	lent Name	School		Grade	
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1					
rates for special circum increased rates, individ trustees of the district,	dual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade	
Public Instruction. (10.	·	J	,		Stud	lent Name	School		Grade	
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the						
Elem District Approval		no	tials		Student Name School Grade					
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:					
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y Both Sei	mesters	
Robert & Loretta					Pre-	kindergarten/Kinder	narten			
Physical Address (s	treet address	only):					2nd Semester Onl	y 🗆 Both Sei	mesters	
						DERGARTEN/PREM				
Distance from home Elementary 14	e to nearest so HS 0	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day, _ times per day, _	_		
Distance from home to nearest bus stop, if any (one way) Elementary ${\bf 0}$ HS ${\bf 0}$				Kind	dergarten child ride	times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:		
□ Contract is for o	ne-way only				Too	r from School	times per day,	days	per week	
Students in Each Grade Le	evel - Only include	the students to b	e covered by the	s contract.		adlines:				
	Pre-K	K	1-8	9-12	PAR	RENTS: Due to Scho	ool Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.					
Regular Trans					COL	INTV SUDEDINTEN	IDENTS: Send origina	al to OPI by July	10 retain a	
Spec. Ed. Trans						for your files.	DENTO. Send ongine	ar to Or 1 by July	TO, Telaili a	
Room & Board							IMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.										
Contingency						Reimbi	ursement rate is deterr 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement betweer	n parent (parer	nt name)			, and	I school district (distr	rict name)		, , , , , , , , , , , , , , , , , , ,	
(county name)				County, hereina	after referred	to as the District(s).				
	ansport or provide t					the days when school is in	session. The parent or guard	lian assures that a lic	censed and	
In March and June transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the applic	cation upon certif	fication by the teacher or pr	rincipal of the school of the nu	mber of days the stu	dent(s) was	
The payment shall	be computed on th	e basis of the so	hedule establish ear or when the	ned in Section 20-10 student(s) is no long	-142, MCA, and t ger enrolled in so	the information accompany hool, whichever occurs firs	ring this contract. t.			
Elementary School District Chair, Board of Trustees Blue Creek Elem								Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			l attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian		railes	tarat tric above	, anomation	io trao aria correct.	Date			
-										

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620)-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Blue Creek Eler	n					Yellowstone		0968
High School or K-12 D		ble for Reimbu	rsing the Cont	tract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	lementary an	d high school	ol?				
Are you applying for			□ No		Stuc	lent Name	School	Grade
(If yes, please attac ISOLATION: Section	h explanation) 20-10-142, MCA) A, provides for	increased reir	mbursement			G 0.1361	0.000
rates for special circum increased rates, individual trustees of the district,	lual circumstand the county trans	ces must be re sportation com	viewed and apmittee, and the	oproved by the	Stuc	lent Name	School	Grade
Public Instruction. (10.)	·	, ,	,		Stud	lent Name	School	Grade
Check here only if incre District Trustees and the		sportation Com	mittee.	proved by the				
Elem District Approval		□ no	tials		Stud	lent Name	School	Grade
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y Both Semesters
Robert Hegg					Pre-	kindergarten/Kinder	narten	•
Physical Address (s	treet address	only):						y Both Semesters
					KIN	DERGARTEN/PREI	KINDERGARTEN:	
Distance from home Elementary 3.1	e to nearest so	chool (one wa	ay)		by t	his contract:		age students also covered days per week
Distance from home Elementary 0	to nearest bu	us stop, if any	y (one way)		To d Kin d	r from School dergarten child ride	times per day, _ es <u>without</u> other scho	days per week
□ Contract is for o	ne-way only				To c	r from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by the	is contract.	<u>Dea</u>	adlines:		
	Pre-K	К	1-8	9-12	PAR	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files	-	I to County Supt by Jul	y 1, retain a copy for your
Regular Trans							IDENTS: Condering	al to OPI by July 10, retain a
Spec. Ed. Trans						for your files.	IDEN 15: Send origina	ai to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Reimh	ursement rate is deterr	nined by
Contingency Spec. Ed. Contin.						Keimb	20-10-142, MCA.	illined by
-pos. 24. 00mm.								
Agreement betweer	n parent (pare	nt name)			, and	I school district (dist	rict name)	,
(county name) The parties agree as follow	vs:			County, hereinaf	fter referred	to as the District(s).		
The parent shall tra insured driver will t	ansport or provide ransport the stude	nts. Mileage con	tracts are valid of	only when transportati	ion for the dista	nce reported on the contra	ct actually occurs.	lian assures that a licensed and
transported for the	past semester.	•	•		•	,	·	mber of days the student(s) was
 This contract shall 	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		the information accompany hool, whichever occurs firs		T Data
Elementary School Blue Creek Elem		,	ard of Truste					Date
High School District		Chair, Boa	ard of Truste	es			Date	
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	-2501	Due	to School Clerk June 1					
Elementary District Responsible for Re	imbursing the Contract		County		Legal Entity			
Blue Creek Elem			Yellowstone		0968			
High School or K-12 District Responsib	ole for Reimbursing the Con	tract	County		Legal Entity			
Is this contract shared between el □ yes □ no	ementary and high scho	ol?						
Are you applying for isolation state			Student Name	School	Grade			
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for increased rein	mbursement	Oldden Hame	Contoon	Crade			
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	es must be reviewed and a sportation committee, and th	pproved by the	Student Name	School	Grade			
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	oproved by the	Student Name	School	Grade			
HS District Approval ☐ yes	Initials no no no		Student Name	School	Grade			
County Approval ☐ yes Parent or Guardian Name: (Pleas	no		THIS CONTRACT IS FOR: Grades 1-12					
·	e Fillit)		☐ 1st Semester Only	□ 2nd Semester Only	☐ Both Semesters			
Shawn L. Egan Physical Address (street address	only):		Pre-kindergarten/Kinderga		□ Both Semesters			
Distance from home to nearest so Elementary 4.8 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	is stop, if any (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rides To or from Bus Stop To or from School Deadlines: PARENTS: Due to School CLERKS: Send original to files. COUNTY SUPERINTEND copy for your files. REII (For district	times per day,times per day,to Clerk June 1.	days per week ol-age students:			
Agreement between parent (parent name)								
High School District	Chair, Board of Truste	ees			Date			
	I attes	t that the above in	formation is true and correct.					
Signature - Parent or Guardian				Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620)-2501		Dι	ie to School Clerk Ju	une 1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Blue Creek Eler	n				Yellows	tone	0968
High School or K-12 D		ole for Reimbu	rsing the Cont	ract	County	NOTIC .	Legal Entity
Is this contract share □ yes □ no	ed between el	ementary ar	nd high school	ol?	<u> </u>		
Are you applying for	r isolation stat	us? □ Yes	□ No		Student Name	School	Grade
(If yes, please attac	h explanation)) A provides for	increased rein	nhursement	Student Name	School	Grade
rates for special circum	nstances of isola	ation of resider	nce. In order to	o receive	Student Name	School	Grade
increased rates, individed trustees of the district,	the county trans	sportation com	mittee, and the		Otagent Hame	Control	Grade
Public Instruction. (10.)	·	, ,	ŕ		Student Name	School	Grade
Check here only if incre District Trustees and the				proved by the			
Elem District Approval	□ yes	In □ no	itials		Student Name	School	Grade
HS District Approval County Approval	,	□ no			THIS CONTRA	CT IS FOR:	
Parent or Guardian					Grades 1-12		Dath Camastan
Shirlene Watts					□ 1st Semeste	er Only	y Both Semesters
Physical Address (s	treet address	only):				en/Kindergarten er Only □ 2nd Semester Onl	v □ Both Semesters
,						•	y Both Comedicion
						EN/PREKINDERGARTEN: child rides <u>with</u> other school-a	age students also covered
Distance from home Elementary 0	e to nearest so HS 0	chool (one wa	ay)		by this contra	ct:	_
·			,		To or from Sch	Stop times per day, _ool times per day, _	days per week
Distance from home Elementary 3.3	to nearest bu HS 0	is stop, if an	y (one way)		Kindergarten (child rides <u>without</u> other scho	ool-age students:
□ Contract is for o	ne-way only				To or from Sch	Stop times per day, _ ool times per day, _	days per week
Students in Each Grade Le	, ,	the students to I	oe covered by thi	s contract.	Deadlines:		
	Pre-K	К	1-8	9-12	PARENTS: Du	ue to School Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Sen	d original to County Supt by Jul	y 1, retain a copy for your
Regular Trans					files.		
Spec. Ed. Trans					COUNTY SUP copy for your fil	ERINTENDENTS: Send originalles	al to OPI by July 10, retain a
Room & Board						REIMBURSEMENT R	ATE
						(For district, county and OPI	· · · <u> </u>
Correspondence							
Reg. Contingency						Reimbursement rate is deterr	 mined by
Spec. Ed. Contin.						20-10-142, MCA.	
·							
Agreement betweer	n parent (parei	nt name)			, and school dis	strict (district name)	· · · · · · · · · · · · · · · · · · ·
(county name)			(County, hereinat	fter referred to as the D	District(s).	
	ansport or provide					school is in session. The parent or guard	dian assures that a licensed and
In March and June.	, the District shall p				ion for the distance reported of ation upon certification by the	n the contract actually occurs. teacher or principal of the school of the nu	imber of days the student(s) was
	be computed on the				142, MCA, and the information er enrolled in school, whicheve		
Elementary School			ard of Truste		or carolica in school, whicheve	occurs mst.	Date
Blue Creek Elem High School District		Chair, Boa	ard of Truste	es			Date
			I attest	that the above	information is true and	correct.	
Signature - Parent or	Guardian					Date	<u></u>

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Dι	ie to School Cle	erk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		Cour	nty	<u> </u>	Legal Entity
Blue Creek Elen	n				Yell	lowstone		0968
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract	Cour			Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?				
Are you applying for			□ No		Student N	ame	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement	Cladentiv	anic	Concor	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and apprinted in the contract of the	o receive oproved by the	Student N	ame	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Student N	ame	School	Grade
Elem District Approval	□ yes	In □ no	itials		Student N	ame	School	Grade
HS District Approval County Approval						NTRACT IS FO	DR:	
Parent or Guardian	Parent or Guardian Name: (Please Print)						□ 2nd Semester Only	y □ Both Semesters
Stacy Rexford					Pre-kinde	rgarten/Kinder	narten	
Physical Address (st	reet address	only):						y □ Both Semesters
Distance from home Elementary 3.8 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	to nearest so HS 0 to nearest bu HS 0	shool (one wa	y (one way)	s contract. 9-12 Total	KINDERG Kindergal by this co To or from To or from Kindergal To or from To or from To or from Confrom	ARTEN/PREI rten child ride ontract: n Bus Stop n School rten child ride n Bus Stop n School School School Send origina SUPERINTEN our files. RE (For dist	times per day, ti	days per week days per week days per week ol-age students: days per week days per week days per week days per week Ito OPI by July 10, retain a
insured driver will tr 2. In March and June, transported for the 3. The payment shall 4. This contract shall to	rs: nsport or provide to ansport the studer the District shall poast semester. be computed on the erminate at the erminate at the erminate.	transportation fo nts. Mileage cor nay the parent th ne basis of the s nd of the school	r the student(s) to tracts are valid of e sum officially a chedule establish	County, hereinal o and from the school only when transportati pproved in the applic ned in Section 20-10- student(s) is no long.	ion for the distance repo	the District(s) s when school is in orted on the contra by the teacher or p	session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
Elementary School I	וטוווטנ	,						
High School District		Chair, Boa	ard of Truste	es				Date
			I attes	t that the above	information is true	e and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Cle	erk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Cour	nty		Legal Entity
Blue Creek Eler	m				Yel	lowstone		0968
High School or K-12 D		ole for Reimbu	rsing the Cont	tract	Cour			Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				<u> </u>
Are you applying for	r isolation stat	us? □ Yes	□ No		Student N		School	Grade
(If yes, please attac			increased reir	mbursement	Student N	anic	301001	Orace
rates for special circun increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appointed and the mittee, and the mittee is a mittee i	o receive oproved by the	Student N	ame	School	Grade
Public Instruction. (10.	·	J	•		Student N	ame	School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	proved by the				
Elem District Approval	□ yes	Ini □ no	tials		Student N	ame	School	Grade
HS District Approval County Approval					THIS COM	NTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1- □ 1st Ser	12 nester Only	□ 2nd Semester Only	□ Both Semesters
Suanne Stenge	r					rgarten/Kinder	,	
Physical Address (s		only):					□ 2nd Semester Only	□ Both Semesters
							KINDERGARTEN:	
Distance from home Elementary 7	e to nearest so HS 0	chool (one wa	ay)		by this co	ontract:		ge students also covered days per week
Distance from home Elementary 0	e to nearest bu HS 0	ıs stop, if any	(one way)		To or from Kinderga	n School rten child ride	times per day, _ es without other schoo	days per week ol-age students:
□ Contract is for o	ne-way only				To or from	School	times per day, _	days per week days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	<u>Deadlin</u>			
	Pre-K	K	1-8	9-12	PARENTS	S: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: files.	Send origina	I to County Supt by July	1, retain a copy for your
Regular Trans						OUDEDINITE	IDENTO Considerational	I to ODI had bala 40 mateirs o
Spec. Ed. Trans					copy for y		NDEN 15: Send original	I to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE .
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						_		
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20 10 142, 10071.	
Agreement between	n parent (pare	nt name)			, and scho	ol district (dist	rict name)	,
(county name)				County, hereinaf	ter referred to as	the District(s).		
	ansport or provide							an assures that a licensed and
In March and June	, the District shall p	nts. Mileage con pay the parent the	tracts are valid on sum officially a	only when transportation only when transportation only when transportation only when the spolication of the specification of the specif	on for the distance reportion upon certification	orted on the contra by the teacher or p	ct actually occurs. rincipal of the school of the nun	nber of days the student(s) was
	be computed on the				42, MCA, and the information of the second o			
Elementary School			rd of Truste		r cinolica in sonicol, w	moneyer occurs me		Date
Blue Creek Elem High School District	:	Chair, Boa	ard of Truste	es				Date
			1 -44-	t that the ale '	nformation to t	a and series of		
Signature - Parent or	Guardian		ı attes	t that the above i	nformation is true	e and correct.	Date	
orginature - ratetit of	Juai ulai I						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to School	ol Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract			County	l l	Legal Entity	
Blue Creek Elem	ì					Yellowstone		0968	
High School or K-12 Dis		le for Reimbu	rsing the Conti	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?					
Are you applying for	isolation statu	us? □ Yes	□ No		Stuc	ent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	. provides for	increased rein	nbursement	Stud	ent Name	301001	Grade	
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7	stances of isola ual circumstanc ne county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	ent Name	School	Grade	
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade	
Elem District Approval HS District Approval	□ yes □		itials		Stuc	ent Name	School	Grade	
County Approval	□ yes □	no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian N	lame: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y Both Semesters	
Susan Anderson Physical Address (str		only):				kindergarten/Kinder st Semester Only		y □ Both Semesters	
Distance from home to nearest school (one way) Elementary 3.2 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.						nis contract: r from Bus Stop r from School dergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original UNTY SUPERINTEN r for your files. RE	times per day, tool Clerk June 1.	days per week da	
insured driver will tra 2. In March and June, transported for the p 3. The payment shall b	s: isport or provide t insport the studer the District shall p ast semester. e computed on the erminate at the en	ransportation for this. Mileage cor ay the parent the basis of the so	to as the District(s). the days when school is in	session. The parent or guard ct actually occurs. rincipal of the school of the nur	lian assures that a licensed and mber of days the student(s) was Date Date				
- light control bistrict		Gridii, BO	and or musice					Date	
			I attest	that the above i	information	is true and correct.			
Signature - Parent or 0	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	ue to School	Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		(County	<u> </u>	Legal Entity
Blue Creek Elem	1					Yellowstone		0968
High School or K-12 Dis	trict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?	<u> </u>			
Are you applying for			□ No		Studer	nt Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement		it ivanic	3611001	Grade
rates for special circums increased rates, individu trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ses must be re sportation com	nce. In order to eviewed and ap amittee, and the	o receive oproved by the	Studer	nt Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Studer	nt Name	School	Grade
Elem District Approval	□ yes	Ini □ no	itials		Studer	nt Name	School	Grade
HS District Approval County Approval						CONTRACT IS FO	OR:	
Parent or Guardian N	lame: (Pleas	e Print)			Grade □ 1st	s 1-12 Semester Only	□ 2nd Semester Only	y Both Semesters
Tammi Eshbaug					Pre-kii	ndergarten/Kinder	narten	
Physical Address (st	reet address	only):						y Both Semesters
Distance from home Elementary 3.1 Distance from home Elementary 0 Contract is for on Students in Each Grade Letter Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	to nearest so HS 0 to nearest bu HS 0 e-way only	hool (one wa	y (one way)	s contract. 9-12 Total	KINDE Kinde by this To or t Kinde To or t To or t Cort Count CLER files. COUN	ERGARTEN/PREF rgarten child rides s contract: from Bus Stop from School garten child ride from Bus Stop from School Illines: NTS: Due to Scho KS: Send original TY SUPERINTEN or your files. RE (For dist	times per day,times per day,tool Clerk June 1.	days per week days per week days per week ol-age students: days per week y 1, retain a copy for your I to OPI by July 10, retain a
insured driver will tra In March and June, transported for the p The payment shall to this contract shall to	s: Insport or provide to an apport the studer In the District shall parast semester. In the computed on the arminate at the error	rransportation for this. Mileage cor yay the parent the ne basis of the so d of the school y	r the student(s) to tracts are valid of e sum officially a chedule establish year or when the	County, hereinaf o and from the school only when transportati pproved in the applica- ted in Section 20-10-1 student(s) is no longe	fter referred to	reported on the contract	session. The parent or guard at actually occurs. incipal of the school of the nui	ian assures that a licensed and mber of days the student(s) was
Elementary School D Blue Creek Elem	กอน ICl	,	ard of Truste					Date
High School District		Chair, Boa	ard of Truste	es				Date
			I attes	t that the above	information is	true and correct.		
Signature - Parent or 0	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	ue to School	Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		(County	<u> </u>	Legal Entity
Blue Creek Elem	1					Yellowstone		0968
High School or K-12 Dis	trict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?	<u> </u>			
Are you applying for			□ No		Studer	nt Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement		it ivanic	3611001	Grade
rates for special circums increased rates, individu trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ses must be re sportation com	nce. In order to eviewed and ap amittee, and the	o receive oproved by the	Studer	nt Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Studer	nt Name	School	Grade
Elem District Approval	□ yes	Ini □ no	itials		Studer	nt Name	School	Grade
HS District Approval County Approval						CONTRACT IS FO	OR:	
Parent or Guardian N	lame: (Pleas	e Print)			Grade □ 1st	s 1-12 Semester Only	□ 2nd Semester Only	y Both Semesters
Tammi Eshbaug					Pre-kii	ndergarten/Kinder	narten	
Physical Address (st	reet address	only):						y Both Semesters
Distance from home Elementary 3.1 Distance from home Elementary 0 Contract is for on Students in Each Grade Letter Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	to nearest so HS 0 to nearest bu HS 0 e-way only	hool (one wa	y (one way)	s contract. 9-12 Total	KINDE Kinde by this To or t Kinde To or t To or t Cort Cort CLER files. COUN	ERGARTEN/PREF rgarten child rides s contract: from Bus Stop from School garten child ride from Bus Stop from School Illines: NTS: Due to Scho KS: Send original TY SUPERINTEN or your files. RE (For dist	times per day,times per day,tool Clerk June 1.	days per week days per week days per week ol-age students: days per week y 1, retain a copy for your I to OPI by July 10, retain a
insured driver will tra In March and June, transported for the p The payment shall to this contract shall to	s: Insport or provide to an apport the studer In the District shall parast semester. In the computed on the arminate at the error	rransportation for this. Mileage cor yay the parent the ne basis of the so d of the school y	r the student(s) to tracts are valid of e sum officially a chedule establish year or when the	County, hereinaf o and from the school only when transportati pproved in the applica- ted in Section 20-10-1 student(s) is no longe	fter referred to	reported on the contract	session. The parent or guard at actually occurs. incipal of the school of the nui	ian assures that a licensed and mber of days the student(s) was
Elementary School D Blue Creek Elem	กอน ICl	,	ard of Truste					Date
High School District		Chair, Boa	ard of Truste	es				Date
			I attes	t that the above	information is	true and correct.		
Signature - Parent or 0	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	ue to School	Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		(County	<u> </u>	Legal Entity
Blue Creek Elem	1					Yellowstone		0968
High School or K-12 Dis	trict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?	<u> </u>			
Are you applying for			□ No		Studer	nt Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement		it ivanic	3611001	Grade
rates for special circums increased rates, individu trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ses must be re sportation com	nce. In order to eviewed and ap amittee, and the	o receive oproved by the	Studer	nt Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Studer	nt Name	School	Grade
Elem District Approval	□ yes	Ini □ no	itials		Studer	nt Name	School	Grade
HS District Approval County Approval						CONTRACT IS FO	OR:	
Parent or Guardian N	lame: (Pleas	e Print)			Grade □ 1st	s 1-12 Semester Only	□ 2nd Semester Only	y Both Semesters
Tammi Eshbaug					Pre-kii	ndergarten/Kinder	narten	
Physical Address (st	reet address	only):						y Both Semesters
Distance from home Elementary 3.1 Distance from home Elementary 0 Contract is for on Students in Each Grade Letter Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	to nearest so HS 0 to nearest bu HS 0 e-way only	hool (one wa	y (one way)	s contract. 9-12 Total	KINDE Kinde by this To or t Kinde To or t To or t Cort Cort CLER files. COUN	ERGARTEN/PREF rgarten child rides s contract: from Bus Stop from School garten child ride from Bus Stop from School Illines: NTS: Due to Scho KS: Send original TY SUPERINTEN or your files. RE (For dist	times per day,times per day,tool Clerk June 1.	days per week days per week days per week ol-age students: days per week y 1, retain a copy for your I to OPI by July 10, retain a
insured driver will tra In March and June, transported for the p The payment shall to this contract shall to	s: isport or provide the studer the District shall parast semester. e computed on the priminate at the er	rransportation for this. Mileage cor yay the parent the ne basis of the so d of the school y	r the student(s) to tracts are valid of e sum officially a chedule establish year or when the	County, hereinaf o and from the school only when transportati pproved in the applica- ted in Section 20-10-1 student(s) is no longe	fter referred to	reported on the contract	session. The parent or guard at actually occurs. incipal of the school of the nui	ian assures that a licensed and mber of days the student(s) was
Elementary School D Blue Creek Elem	กอน ICl	,	ard of Truste					Date
High School District		Chair, Boa	ard of Truste	es				Date
			I attes	t that the above	information is	true and correct.		
Signature - Parent or 0	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Elementary Detect Responsible for Reinhursing the Contract Blue Creek Elem		na, MT 59620	-2501		Dι	ue to School C	Clerk June 1		
Is this contract shared between elementary and high school? yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation) SBUATRON: Scora 26-164.2 (McA, provides for increased reimbursement increased rates) SBUATRON: Scora 26-164.2 (McA, provides for increased reimbursement increased rates) strained and the contract of the county increased parentum for the cortex of th	Elementary District Res	sponsible for Re	eimbursing the	Contract		Co	unty	1	Legal Entity
Is this contract shared between elementary and high school? yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation) SBUATRON: Scora 26-164.2 (McA, provides for increased reimbursement increased rates) SBUATRON: Scora 26-164.2 (McA, provides for increased reimbursement increased rates) strained and the contract of the county increased parentum for the cortex of th	Blue Creek Flen	n				Y	ellowstone		0968
Aye you applying for isolation status? Yes	High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract				
Aye you applying for isolation status? Yes									
Solution		ed between el	ementary ar	nd high school	ol?	<u> </u>			
BOLATION: Scott 25(1-14); ACR, provided for increased reminstructured and approved by the Increased rates, including all crimental reministers of the district, the country framepotation committee. In order to recover the increased rates, including all crimental reministers of the district. His country framepotation committee. In order to remove the Datrict Trustees and the Country framepotation committee. In order to remove the Datrict Trustees and the Country framepotation committee. In the Datrict Approval yes no	Are you applying for	isolation stat	us? □ Yes	□ No		Student	Name	School	Grade
Interest or special crounstances of isolation of residence. In order to receive intravead rate, individual circumstances and to reviewed and approved by the provision of the interest of the provision of the pre	(If yes, please attach	n explanation)	nrovides for	increased rein	mbursement	Judeni	Name	301001	Orace
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval yes no no no no no no no n	rates for special circum increased rates, individ trustees of the district,	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and appropriate the contract of the c	o receive oproved by the	Student	Name	School	Grade
Elem District Approval yes	Check here only if incre	eased payment	due to isolatio	n has been ap	proved by the	Student	Name	School	Grade
Parent or Guardian Name: (Please Print)	Elem District Approval	□ yes	In □ no			Student	Name	School	Grade
Terri Gillespie Physical Address (street address only): Distance from home to nearest school (one way) Elementary 5.8 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Sudents in Each Grase Level - Only include the students to be covered by this contract. Pre-K Total Total Total Total Total Total COUNTY SUPERINTENDENTS: Send original to OPI by July 1, retain a copy for your files. Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Gontingency Spec. Ed. Contin. Agreement between parent (parent name) County n		'''						DR:	
Terri Gillespie Physical Address (street address only): Distance from home to nearest school (one way) Distance from home to nearest school (one way) Distance from home to nearest bus stop, if any part part from the stop on the day when the stop of	Parent or Guardian	e Print)					☐ 2nd Semester Only	/ □ Both Semesters	
Physical Address (street address only): Stance from home to nearest school (one way)	Terri Gillespie						Ţ	•	
Distance from home to nearest school (one way) Elementary 5.8		treet address	only):						/ □ Both Semesters
Distance from home to nearest school (one way) Elementary 5.8						KINDER	GARTEN/PRE	(INDERGARTEN:	
Stadents in Each Grade Level - Only include the students to be covered by this contract. Contract is for one-way only	Elementary 5.8 HS 0					Kinderg by this	garten child ride contract:	es <u>with</u> other school-a	
Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K Total Total Total Total Total Total			ıs stop, if an	y (one way)		Kinderg To or fro	garten child ride om Bus Stop	es <u>without</u> other school times per day, _	ol-age students: days per week
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg., Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name) The parent shell transfort of the students (s) the specific for the students (s) was transported for the past semester. 1. The parent shell transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually cocurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date I attest that the above information is true and correct.	☐ Contract is for or	ne-way only				10 or tro	om School	times per day, _	days per week
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (s). The parties agree as follows: 1. The parties signes as follows: 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school vear or when the student(s) is no longer enrolled in school, whichever occurs first. Clerk S: Send original to County Supt by July 1, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. REIMBURSEMENT RATE (For district, county and OPI use only) Reimbursement rate is determined by 20-10-142, MCA. And school district (district name)	Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	is contract.			aal Clark lung 1	
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (district name) County name) County name) County, hereinafter referred to as the District (b) The parties agree as follows: 1. The parent shall transport tor provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Date I attest that the above information is true and correct.		-			-				
Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District(s). The paries agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. Elementary School District Chair, Board of Trustees Date I attest that the above information is true and correct.		lotai	ıotaı	lotai	Iotai		S: Send origina	I to County Supt by July	/ 1, retain a copy for your
Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)	Regular Trans					COLINT	V CHDEDINTEN	IDENTS: Sand origina	I to OPI by July 10, rotain a
Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school were or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Blue Creek Elem High School District Chair, Board of Trustees I attest that the above information is true and correct.	Spec. Ed. Trans							DENTO. Gena ongina	Tto Of T by July To, Tetalif a
Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school were or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Blue Creek Elem High School District Chair, Board of Trustees I attest that the above information is true and correct.	Room & Board						RE	EIMBURSEMENT RA	ATE
Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name)	Correspondence								
Agreement between parent (parent name)	_								
Agreement between parent (parent name)	•						Reimb		nined by
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	Spec. Ed. Contin.							20-10-142, MCA.	
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.									
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	Agreement between	narent (nare	nt name)			and scl	nool district (dist	rict name)	
The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 1. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.		pa. o (pa. o.					,	,	,
insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	The parties agree as follow				•		` ,		
transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	insured driver will tr	ansport the stude	nts. Mileage cor	ntracts are valid o	only when transportat	ion for the distance re	eported on the contra	ct actually occurs.	
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Blue Creek Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	transported for the	past semester.		•				·	nber of days the student(s) was
Blue Creek Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	 This contract shall t 	terminate at the er	nd of the school	year or when the	student(s) is no long	142, MCA, and the in er enrolled in school,	whichever occurs first	ring this contract. st.	T. 6.
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.		Jistrict	Chair, Boa	ard of Truste	es				Date
			Chair, Boa	ard of Truste	es				Date
			<u> </u>	Lattes	t that the above	information is to	rue and correct		
	Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Du	ie to School	Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		C	County		Legal Entity
Blue Creek Elen	า				\	ellowstone		0968
High School or K-12 Di	strict Responsil	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	<u>'</u>			
Are you applying for			□ No		Studen	nt Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	Cludei	it riamo	Corloci	Ciudo
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and ap nmittee, and the	o receive oproved by the	Studer	nt Name	School	Grade
Check here only if incre	eased payment	due to isolatio	n has been ap	proved by the	Studer	nt Name	School	Grade
District Trustees and the Elem District Approval	□ yes	In □ no	itials		Studer	nt Name	School	Grade
HS District Approval County Approval						CONTRACT IS FO	DR:	
Parent or Guardian	e Print)			Grades □ 1st	s 1-12 Semester Only	□ 2nd Semester Onl	✓ □ Both Semesters	
Vickie Blain						·	•	,
Physical Address (st	reet address	only):				ndergarten/Kinder Semester Only		y Both Semesters
					KINDE	RGARTEN/PREI	KINDERGARTEN:	
Distance from home Elementary 4.5	to nearest so	chool (one wa	ay)		by this	contract:		ge students also covered days per week days per week
Distance from home to nearest bus stop, if any (one way) Elementary ${\bf 0}$ HS ${\bf 0}$						rgarten child ride rom Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week
□ Contract is for or	ne-way only				I o or f	rom School	times per day, _	days per week
Students in Each Grade Le	vel - Only include	the students to I	be covered by thi	s contract.		lines: NTS: Due to Sch	aal Clark Juna 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERI			y 1, retain a copy for your
Regular Trans					files.			
Spec. Ed. Trans						TY SUPERINTEN or your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE
Correspondence							rict, county and OPI	
Reg.								
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20-10-142, WCA.	
Agreement between	parent (pare	nt name)			, and s	chool district (dist	rict name)	
(county name)			(County hereinaf	fter referred to	as the District(s).		
The parties agree as follow		transportation for		•		` ,		ian assures that a licensed and
insured driver will tr	ansport the stude	nts. Mileage cor	ntracts are valid o	only when transportation	ion for the distance	reported on the contra	ct actually occurs.	mber of days the student(s) was
transported for the payment shall	past semester. be computed on the	ne basis of the so	chedule establish	ed in Section 20-10-1	142, MCA, and the	information accompany	ving this contract.	. ,
4. This contract shall t Elementary School I	erminate at the er	nd of the school	year or when the ard of Truste	student(s) is no longe	er enrolled in school	ol, whichever occurs firs	et.	Date
Blue Creek Elem		,						
High School District		Chair, Boa	ard of Truste					Date
			I attes	t that the above	information is	true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620)-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Blue Creek Eler	n					Yellowstone		0968
High School or K-12 D		ble for Reimbur	sing the Cont	ract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	lementary an	d high schoo	ol?				
Are you applying for			□ No		Stud	ent Name	School	Grade
(If yes, please attac ISOLATION: Section	h explanation) 20-10-142, MCA) A, provides for	increased rein	mbursement		one ramo	3011001	Olddo
rates for special circum increased rates, individual trustees of the district,	dual circumstand	ces must be rev	viewed and ap	proved by the	Stud	ent Name	School	Grade
Public Instruction. (10.					Stud	ent Name	School	Grade
Check here only if incre District Trustees and the		sportation Com		proved by the	Otad	cht Hame	CONOCI	Grade
Elem District Approval		□ no			Stud	ent Name	School	Grade
HS District Approval County Approval	□ yes	□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 st Semester Only	□ 2nd Semester Onl	y Both Semesters
Wynn D. Tenny					Pre-	kindergarten/Kinder	garten	
Physical Address (s	treet address	only):			□ 1:	st Semester Only	☐ 2nd Semester Onl	y Both Semesters
					KINI	DERGARTEN/PRE	KINDERGARTEN:	
Distance from home		chool (one wa	ıy)		by tl	nis contract:		age students also covered
Elementary 5.5	HS 0				To o To o	r from Bus Stop r from School	times per day, _	days per week days per week
Distance from home Elementary 0	to nearest bu HS 0	us stop, if any	(one way)		Kinc To o	ergarten child rider from Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week
□ Contract is for o	ne-way only				Тоо	r from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	is contract.	Dea	dlines: ENTS: Due to Sch	and Clark June 1	
	Pre-K	_ K	1-8	9-12				
	Total	Total	Total	Total	CLE files.	-	to County Supt by Jul	y 1, retain a copy for your
Regular Trans					COL	NTY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans						for your files.		
Room & Board							IMBURSEMENT Rarict, county and OPI	
Correspondence						(FOI dist	nict, county and OFT	use only)
Reg. Contingency						Reimb	ursement rate is deterr	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betweer	parent (pare	nt name)			, and	school district (distr	rict name)	
(county name)	. "	,				to as the District(s).	,	
The parties agree as follow		transportation for		3 ,		()	session. The parent or quare	lian assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage conf	tracts are valid o	only when transportati	ion for the distar	ce reported on the contract	ct actually occurs.	mber of days the student(s) was
	be computed on the					ne information accompany		
Elementary School			ear or when the rd of Truste		er enrolled in sc	nool, whichever occurs firs	ī.	Date
Blue Creek Elem High School District		Chair, Boa	rd of Truste	es				Date
		,						
Signatura Deserting	Cuardi		I attes	t that the above	information	is true and correct.	Data	
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity			
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Con	tract	County		Legal Entity			
Custer K-12 Scl	hools				Yellowstone		0975			
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?						
Are you applying for (If yes, please attac	h explanation))	□ No		Student Name	School	Grade			
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residences must be revenued.	ce. In order to viewed and appointed and the mittee, and the	to receive pproved by the	Student Name	School	Grade			
Check here only if incr District Trustees and the	eased payment	due to isolation	ı has been ap	oproved by the	Student Name	School	Grade			
Elem District Approval HS District Approval	□ yes		ials		Student Name	School	Grade			
County Approval	□ yes	□ no			THIS CONTRACT IS FOR	THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester On	ly Doth Semesters			
Joni Myhre Physical Address (s	treet address	only):			Pre-kindergarten/Kinder □ 1st Semester Only		ly Both Semesters			
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade Leaders From Each Grade Leaders Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 30 e to nearest bu HS 3.4 ne-way only	us stop, if any	(one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send original files. COUNTY SUPERINTER copy for your files. RE (For dist	times per day,	l use only)			
insured driver will to a lin March and June transported for the 3. The payment shall 4. This contract shall Elementary School High School District	ws: nansport or provide t ransport the studer , the District shall p past semester. be computed on the terminate at the er District	transportation for nts. Mileage cont pay the parent the ne basis of the sch	the student(s) tracts are valid a sum officially a nedule establishear or when the rd of Truste	o and from the school only when transportati approved in the applicated in Section 20-10-1 student(s) is no longeres	, and school district (district referred to as the District(s) or bus stop on the days when school is ir on for the distance reported on the contration upon certification by the teacher or part of the contration upon certification by the teacher or process.	n session. The parent or guan ct actually occurs. rincipal of the school of the nu ying this contract.				
Custer K-12 School	S		l attes	t that the above	information is true and correct.					
Signature - Parent or	Guardian		i alles	and the above		Date				
						I				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity		
Morin Elem						Yellowstone		0976		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?						
Are you applying for			□ No		Stuc	lent Name	School		Grade	
(If yes, please attaction: Section	20-10-142, MCA	, provides for								
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the					Stud	Student Name School Grade Student Name School Grade				
					Stuc					
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the						
Elem District Approval		no	tials		Stuc	lent Name	School		Grade	
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Onl	y □ Both Sei	mesters	
Rod Old Bull					Pre-	kindergarten/Kinder	narten	•		
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	y 🗆 Both Sei	mesters	
						DERGARTEN/PRE				
Distance from home Elementary 9	e to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a	_		
Distance from home Elementary 0	e to nearest bu HS 0	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	s:	
·					To d	r from Bus Stop r from School	times per day, _ times per day, _	days days	s per week s per week	
☐ Contract is for o	• •	the students to b	ne covered by thi	is contract	Dea	adlines:				
Olddonio in Edon Olddo Ed				,		RENTS: Due to Scho	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files		to County Supt by Jul	y 1, retain a cop	by for your	
Regular Trans					COL	JNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	10. retain a	
Spec. Ed. Trans						for your files.			. 0, . 0 0	
Room & Board							IMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.						-				
Contingency						Reimbi	ursement rate is deterr 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement betweer	n parent (parer	nt name)			, and	I school district (distr	rict name)		,	
(county name) The parties agree as follow				County, hereina	after referred	to as the District(s).				
 The parent shall tra 	ansport or provide t					the days when school is in	session. The parent or guard	lian assures that a lic	censed and	
In March and June transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the applic	cation upon certi	fication by the teacher or pr	rincipal of the school of the nu	mber of days the stu	dent(s) was	
The payment shall This contract shall	be computed on the terminate at the en	d of the school y	ear or when the	student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany hool, whichever occurs firs	ing this contract. t.			
Elementary School Morin Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	t that the above	information	is true and correct.		l		
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity		
Broadview Elem	า					Yellowstone		0978		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?						
Are you applying for			□ No		Stud	dent Name	School		Grade	
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1					
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of						Student Name School Grade				
Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the					Stud	dent Name	School		Grade	
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the						
Elem District Approval		no	tials		Stud	lent Name	School		Grade	
HS District Approval County Approval		□ no □ no				THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y Both Sei	mesters	
Chris & Christal	Hickson				Pre-	kindergarten/Kinder	narten			
Physical Address (s	treet address	only):					2nd Semester Onl	y 🗆 Both Sei	mesters	
						DERGARTEN/PRE				
Distance from home Elementary 0	e to nearest sc HS 0	hool (one wa	ay)		bv t	Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week				
Distance from home Elementary 7	e to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ s <u>without</u> other scho times per day, _	ol-age student	ts:	
□ Contract is for o	ne-way only				To o	or from School	times per day, _	days	per week	
Students in Each Grade Le	evel - Only include	the students to b	be covered by the	s contract.	Dea	adlines:				
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.			
	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	y for your	
Regular Trans					COL	INTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/10 retain a	
Spec. Ed. Trans						for your files.	DEITTO: Cond ongme		ro, rotair a	
Room & Board							IMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.								<u> </u>		
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(county name) The parties agree as follow				County, hereina	after referred	to as the District(s).				
 The parent shall tra 	ansport or provide t					the days when school is in	session. The parent or guard	lian assures that a lic	ensed and	
In March and June transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the applic	cation upon certi	fication by the teacher or pr	rincipal of the school of the nu	mber of days the stu	dent(s) was	
This contract shall	terminate at the en	d of the school y	ear or when the	student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany chool, whichever occurs firs	ing this contract. t.			
Elementary School Broadview Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			Lattes	t that the above	e information	is true and correct.				
Signature - Parent or	Guardian		. 41.00				Date			

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	202501 MT 59620			_	chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Respo	nsible for Re	imbursing the (Contract		County	·	Legal Entity
High School or K-12 Distri	ct Responsib	le for Reimburs	sing the Cont	ract	County		Legal Entity
Huntley Project K-	12 Schoo	ols			Yellowstone		0983
Is this contract shared ☐ yes ☐ no	between el	ementary and	l high schoo	ol?			
Are you applying for ise (If yes, please attach e ISOLATION: Section 20-	xplanation)		□ No	nhursement	Student Name	School	Grade
rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.1	nces of isola circumstanc county trans	tion of residences must be review portation comme	ce. In order to iewed and ap nittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increas District Trustees and the 0		portation Comn	nittee.	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Initi □ no □ no	als 		Student Name	School	Grade
	g yes	no			THIS CONTRACT IS F Grades 1-12		
John McNeal					☐ 1st Semester Only		y Both Semesters
Physical Address (street	et address	only):			Pre-kindergarten/Kinde 1st Semester Only		y
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one-Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 41 nearest bu HS 26 way only	s stop, if any	(one way)	s contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTE copy for your files. R (For dis	times per day, times per day, times per day, tes without other scho times per day,	days per week da
insured driver will trans 2. In March and June, the transported for the pas 3. The payment shall be of This contract shall term	oort or provide to sport the studer District shall p t semester. computed on the ninate at the en	ransportation for t its. Mileage contr ay the parent the e basis of the sch d of the school ye	the student(s) to racts are valid of sum officially a redule establish ar or when the	o and from the school only when transportatic pproved in the applicated in Section 20-10-14 student(s) is no longe	, and school district (dister referred to as the District(s) or bus stop on the days when school is in for the distance reported on the contration upon certification by the teacher or 42, MCA, and the information accomparer enrolled in school, whichever occurs file	n session. The parent or guard act actually occurs. orincipal of the school of the nu nying this contract.	mber of days the student(s) was
Elementary School Dis	trict	Chair, Boar					Date
High School District Huntley Project K-12 S	chools	Chair, Boar	u or iruste	es 			Date
Signature Perset as C	ordic=		I attes	t that the above i	nformation is true and correct.	Data	
Signature - Parent or Gu	iardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the	Contract		Co	ounty	1	Legal Entity	
High School or K-12 D	istrict Responsib	ole for Reimbur	sing the Con	tract	Co	ounty		Legal Entity	
Huntley Project	K-12 School	ols			Y	ellowstone		0983	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?					
Are you applying for	r isolation statu	us? □ Yes	□ No		Student	Namo	School	Grade	
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for i			Studeni	i Name	SCHOOL	Grade	
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be rev sportation comr	riewed and a nittee, and th	oproved by the	Student	Name	School	Grade	
Check here only if incr District Trustees and the		sportation Com	nittee.	pproved by the	Student	Name	School	Grade	
Elem District Approval		□ no	ials 		Student	Name	School	Grade	
HS District Approval County Approval	,	□ no				ONTRACT IS F	OR:		
Parent or Guardian	Name: (Please	e Print)			Grades □ 1st S	Semester Only	□ 2nd Semester Only	y Both Semesters	
Kenneth Ufflem Physical Address (s		only):				dergarten/Kinder		- 5 11 6	
1 Hysical Address (s	street address	Offig).				•	□ 2nd Semester Only	y Both Semesters	
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade Letter Regular Trans Spec. Ed. Trans	HS 21 e to nearest bu HS 4.3 ne-way only	us stop, if any	(one way)	is contract. 9-12 Total	Kinders by this To or fr To or fr Kinders To or fr To or fr To or fr Deadl PAREN CLERK files. COUNT	garten child rid contract: om Bus Stop om School garten child rid om Bus Stop om School lines: ITS: Due to Sch S: Send origina TY SUPERINTEI r your files.	times per day,times per day,times per day,tes without other schotimes per day,times per	days per week days per week y 1, retain a copy for your Il to OPI by July 10, retain a	
Room & Board		-					EIMBURSEMENT RA		
Correspondence							•		
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
insured driver will t 2. In March and June transported for the 3. The payment shall	ws: ansport or provide t transport the studer , the District shall p past semester. be computed on th	transportation for nts. Mileage cont pay the parent the ne basis of the sch	the student(s) tracts are valid a sum officially a	County, hereinaft of and from the school only when transportation approved in the application of the section 20-10-10-10-10-10-10-10-10-10-10-10-10-10	ter referred to or bus stop on the on for the distance tion upon certificati 42, MCA, and the i	as the District(s) days when school is in reported on the contra on by the teacher or proformation accompan	n session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was	
4. This contract shall Elementary School			ear or when the rd of Truste	estudent(s) is no longe es	ı enrolled in school	, wnicnever occurs fir	SI.	Date	
High School District Huntley Project K-1		Chair, Boa	rd of Truste	es				Date	
			I attes	t that the above i	nformation is t	rue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the	Contract		Co	ounty	1	Legal Entity	
High School or K-12 D	istrict Responsib	ole for Reimbur	sing the Con	tract	Co	ounty		Legal Entity	
Huntley Project	K-12 School	ols			Y	ellowstone		0983	
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for	r isolation statu	us? □ Yes	□ No		Student	Namo	School	Grade	
(If yes, please attaction: Section	20-10-142, MCA	A, provides for			Student	Name	SCHOOL	Grade	
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be rev sportation comi	viewed and a mittee, and th	oproved by the	Student	Name	School	Grade	
Check here only if incr District Trustees and the		sportation Com	mittee.	pproved by the	Student	Name	School	Grade	
Elem District Approval		□ no	ials ———		Student	Name	School	Grade	
HS District Approval County Approval	,	□ no □ no				ONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	Semester Only	☐ 2nd Semester Only	y Both Semesters	
Kenneth Ufflem Physical Address (s		only):				dergarten/Kinder	garten 2nd Semester Only	y □ Both Semesters	
(3						•		y Both Semesters	
Distance from home to nearest school (one way) Elementary 0 HS 28 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 8					Kindery by this To or fro To or fro Kindery To or fro	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop	times per day, _ times per day, _ times per day, _ es <u>without</u> other scho times per day, _	days per week	
□ Contract is for o	ne-way only				To or fro	om School	times per day, _	days per week	
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadl		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total				y 1, retain a copy for your	
Regular Trans						Y SUPERINTE!	NDENTS: Send origina	ıl to OPI by July 10, retain a	
Spec. Ed. Trans					copy for	r your files.			
Room & Board							EIMBURSEMENT RA		
Correspondence						,		,	
Reg. Contingency					Reimbursement rate is determined by 20-10-142, MCA.				
Spec. Ed. Contin.							20-10-142, WOA.		
Agreement between	n parent (parer	nt name)			, and sc	hool district (dist	rict name)	, , , , , , , , , , , , , , , , , , , ,	
(county name)_ The parties agree as follow				County, hereinaft		,			
insured driver will t	transport the studer	nts. Mileage conf	racts are valid	only when transportation	on for the distance i	reported on the contra	ct actually occurs.	ian assures that a licensed and mber of days the student(s) was	
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the sc	hedule establis	ned in Section 20-10-1	42, MCA, and the in	nformation accompan	ying this contract.	, , , ,	
4. This contract shall Elementary School			rd of Truste	estudent(s) is no longe es	r enrolled in school	, whichever occurs firs	st.	Date	
High School District Huntley Project K-1		Chair, Boa	rd of Truste	es				Date	
			I attes	t that the above i	information is t	rue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 200 e to School Cle			
Elementary District Re	esponsible for Re	eimbursing the	Contract		Coun	ty	<u> </u>	Legal Entity
High School or K-12 D	District Responsi	ole for Reimbur	sing the Con	tract	Coun	ty		Legal Entity
Huntley Project					Yell	owstone		0983
Is this contract shar			d high scho	ol?				
□ yes□ noAre you applying fo	r isolation stat	us? □ Yes	□ No					
(If yes, please attaction: Section	h explanation)		mhursement	Student Na	ame	School	Grade
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	ation of residen ces must be rev sportation com	ce. In order t viewed and ap mittee, and th	o receive oproved by the	Student Na	ame	School	Grade	
Check here only if incr	Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					ame	School	Grade
Elem District Approval		□ no	ials ———		Student Na	ame	School	Grade
HS District Approval County Approval		□ no □ no				TRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1- □ 1st Sen	nester Only	□ 2nd Semester Only	y Both Semesters
Manuel Murillo Physical Address (s	street address	only):				garten/Kinder nester Only	garten	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade Lementary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 18 ene-way only evel - Only include Pre-K Total	the students to b	(one way)	is contract. 9-12 Total	Kindergar by this co To or from To or from Kindergar To or from To or from Deadlin PARENTS CLERKS: files. COUNTY: copy for you	ten child ride ntract: Bus Stop School ten child ride Bus Stop School es: Due to Sch Send origina SUPERINTEN our files. RE (For dist	times per day, times per day, times per day, s without other school times per day, times per day, ool Clerk June 1.	days per week days per week days per week
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude , the District shall p past semester. I be computed on to	transportation for nts. Mileage conf pay the parent the ne basis of the sc nd of the school ye	the student(s) tracts are valid of sum officially a hedule establishear or when the	o and from the school only when transportatic ipproved in the applicated in Section 20-10-1- student(s) is no longe	ter referred to as on the days on for the distance repo	s when school is in orted on the contra- by the teacher or p	session. The parent or guardict actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
Elementary School		,	rd of Truste					Date
High School District Huntley Project K-1		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	nformation is true	and correct.		
Signature - Parent or	r Guardian			<u></u>			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 2004 e to School Clerk			
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		<u> </u>	Legal Entity
High School or K-12 D	District Responsil	ble for Reimbu	rsing the Con	ract	County			Legal Entity
Huntley Project			· ·		Yello	wstone		0983
Is this contract shar			d high scho	ol?				
□ yes□ noAre you applying fo	r isolation stat	us? □ Yes	□ No					
(If yes, please attaction: Section	h explanation))		mhursement	Student Nar	ne	School	Grade
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	ation of residen ces must be rev sportation comi	ce. In order to viewed and appoint and the mittee, and the mittee.	o receive oproved by the	Student Nar	me	School	Grade	
Check here only if incomplistrict Trustees and t	reased payment	due to isolation sportation Com	n has been ap mittee.	proved by the	Student Nar	ne	School	Grade
Elem District Approval		□ no	tials		Student Nar	ne	School	Grade
HS District Approval County Approval		□ no				RACT IS FO	<u>R:</u>	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Seme		□ 2nd Semester Only	y Both Semesters
Rodger Reitman Physical Address (s		only):				arten/Kinderç ester Only	garten 2nd Semester Only	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 18 e to nearest but HS 4.1 ene-way only evel - Only include Pre-K Total	the students to b	(one way)	is contract. 9-12 Total	Kindergarte by this con To or from E To or from E To or from E To or from E To or from S Deadline PARENTS: CLERKS: S files. COUNTY SI copy for you	en child ride tract: Bus Stop School en child ride Bus Stop School Due to Scho Bend original UPERINTEN Ir files. RE (For distr	times per day, times per day, sex without other schotimes per day, times per day,	days per week days per week days per week
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude , the District shall p past semester. I be computed on the terminate at the er	transportation for nts. Mileage confo pay the parent the the basis of the sc and of the school y	the student(s) tracts are valid of esum officially a hedule establishear or when the	o and from the school only when transportatic pproved in the applicated in Section 20-10-1-student(s) is no longe	ter referred to as the or bus stop on the days von for the distance reporte	when school is in ed on the contrac the teacher or pr ation accompany	session. The parent or guard t actually occurs. incipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
Elementary School		,	rd of Truste					Date
High School District Huntley Project K-1		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	nformation is true a	and correct.		
Signature - Parent or	r Guardian			<u></u>			Date	